

TY-ADAMS, RODNEY-Enc# 43328731-Enc-I-I-8/3/2012 Consents-8/4/2012--C00001-1pg

PATIENT IDENTIFICATION

ADAMS, RODNEY
43328731 120 03-84 M 045Y
DOB: [REDACTED] ETMC Tyler
43328731

THIS FORM IS DESIGNED TO COMPLY WITH THE REQUIREMENTS PROMULGATED BY THE TEXAS MEDICAL DISCLOSURE PANEL

DISCLOSURE AND CONSENT
MEDICAL AND SURGICAL PROCEDURES
TRANSFUSION OF BLOOD
AND BLOOD COMPONENTS



DC-0010
REV. 11/11

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. Kress as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Transfusion of Blood and Blood Components

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) (do) (do not) consent to the use of blood and blood products as deemed necessary.

☒ I (we) (do) (do not) authorize ETMC and/or my physician to photograph/video or permit other persons to photograph/video my surgery/procedure. I understand a videotape will not be maintained as part of my medical record.

I (we) understand that no warranty or guarantee has been made to me as a result of cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Fever

Transfusion reaction which may include kidney failure or anemia

A.I.D.S. (Acquired Immune Deficiency Syndrome)

Heart failure

Hepatitis

West Nile Virus

Other Infections

☒ I (we) understand that my physician may elect to have additional personnel, which may include but not be limited to, vendor representatives in the operating room to facilitate the surgical procedure.

I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, and I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

DATE: 08/04/12 TIME: 1200 ☐ a.m. ☒ p.m.

PATIENT / OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE

WITNESS: Name: Kurezman PW

Address: 1000 South Richman

City, State, Zip: Tyler, Texas 75701

I have discussed the following with the patient and/or significant other(s): The patient's proposed care, treatment, and services. The potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation. The reasonable alternatives to the patient's proposed care, treatment and services. The risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. Circumstances under which information about the patient must be disclosed or reported, and when indicated, limitations on confidentiality of information learned from or about the patient.

DATE: _____ TIME: _____ ☐ a.m. ☐ p.m. Physician's Signature: _____

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/4/2012--CO0001-1pg

PATIENT IDENTIFICATION

ADAMS, RODNEY
43328731 128 03-84 M 045Y
DOB: [REDACTED] ETMC Tyler
[Barcode]
43328731

THIS FORM IS DESIGNED TO COMPLY WITH THE REQUIREMENTS PROMULGATED BY THE TEXAS MEDICAL DISCLOSURE PANEL.

DISCLOSURE AND CONSENT
MEDICAL AND SURGICAL PROCEDURES
ARTERIAL LINE INSERTION



DC-0013
REV. 2/12

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. J. [Signature] as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Placement of line into artery to monitor blood pressure and obtain blood for testing.

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) (do) (do not) consent to the use of blood and blood products as deemed necessary.

☒ I (we) (do) (do not) authorize ETMC and/or my physician to photograph/video or permit other persons to photograph/video my surgery/procedure. I understand a videotape will not be maintained as part of my medical record.

I (we) understand that no warranty or guarantee has been made to me as a result to cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Bleeding

Infection

Injury to artery

Blood clot (impairment of circulation)

Loss of limb

☒ I (we) understand that my physician may elect to have additional personnel, which may include but not be limited to, vendor representatives in the operating room to facilitate the surgical procedure.

I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved; and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, and I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

DATE: 08/04/12 TIME: 1200 ☐ a.m. ☒ p.m.

PATIENT / OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE

WITNESS: Name: [Signature]

Address: 1000 South Bellham

City, State, Zip: Tyler Texas 75701

I have discussed the following with the patient and/or significant other(s): The patient's proposed care, treatment, and services. The potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation. The reasonable alternatives to the patient's proposed care, treatment and services. The risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. Circumstances under which information about the patient must be disclosed or reported, and when indicated, limitations on confidentiality of information learned from or about the patient.

DATE: _____ TIME: _____ ☐ a.m. ☐ p.m. Physician's Signature: _____

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PATIENT IDENTIFICATION

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETMC TYLER
43328731

TREATMENT AUTHORIZATION AND
TERMS OF TREATMENT AGREEMENT

- A. **Consent for Surgical and/or Medical Treatment:** I hereby grant permission to the physicians in charge of the case of the above-named patient to employ such surgical, x-ray and technical procedures as they may deem necessary in the diagnosis and treatment of this case.
- B. **Accidental Exposure of Healthcare Worker:** I understand that Texas law provides and I agree, if any healthcare worker is exposed to my blood or other bodily fluid, to allow East Texas Medical Center (ETMC) to perform test(s) on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to, Hepatitis, Human Immunodeficiency Virus (which is the causative agent of AIDS) and Syphilis. I understand that such testing is necessary to protect those who will be caring for me while I am a patient at ETMC. I understand the results of tests taken under these circumstances do not become a part of my medical record.
- C. **Independent Physicians:** ETMC and any other hospital, or entity operated as a part of the East Texas Medical Center Regional Healthcare System (collectively referred to as the "Hospital"), is not responsible for the judgment or conduct of any physician who treats or provides a professional service to me, but rather each physician is an independent contractor who is self-employed and is not the agent, servant, or employee of the Hospital. I further understand that other physicians may be called upon to provide care, either directly (as consultants) or indirectly through professional services (i.e. Radiology, Pathology, EKG Interpretations, Anesthesiology). These physicians are also independent contractors who are self-employed and are not the agents, servants, or employees of the Hospital. It is also understood that for emergency services, the Hospital may aid my selection of physicians by an established "on-call" roster provided through each department of the Hospital. These physicians are also independent contractors who are self-employed and are not the agents, servants, or employees of the Hospital. I further agree the Hospital is not responsible for the judgment or conduct of any of the physicians identified above.
- D. **Authorization to Release Information:** I hereby authorize any physician or hospital who has attended me to furnish the insurance company, third party payer or its representative, any attending or consulting physician, nursing home or facility or other health care facility to which the patient is transferred or later receives treatment, any medical record, x-ray, test record or result or other information requested. A photo copy of this authorization is to be considered valid. I understand this release specifically includes any and all blood and related tests including test results reflecting presence of HIV and HBV and other diseases, all of which I specifically authorize to be released. **For purposes of treatment, I understand that the hospital may access my medication history through an electronic database.**
- E. **Authorization to Disclose Information:** Except as otherwise set forth herein or allowed by law, I do not authorize the release of any information to others not acknowledged above. I wish to be a "no information" patient, and I realize that flowers, telephone calls and visitors will be refused on my behalf. (Patient's Initials: _____)
- F. **Assignment of Benefits:** In consideration of hospital services rendered, I hereby assign and transfer to ETMC, all money due or to become due or payable to me under my insurance policy, or third party payment agreement up to the total amount of my account with ETMC. I will be responsible for and will pay any amount due to ETMC not paid by my insurance company or third party payer, and if the insurance company refuses to pay any amount of my claim, I agree to pay my entire bill to ETMC. I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.
- G. **Physician's Assignment of Benefits:** I direct insurance benefits be paid directly to physicians with ETMC that provide professional services to me as a result of my hospital stay.
- H. **Medicare and Champus/Champva Rights (Medicare/Champus Patients Only):** I acknowledge I have received a copy of the Medicare/Champus Rights. (Patient's Initials: _____)
- I. **Personal Valuables:** I understand ETMC maintains a safe for money and valuables, and ETMC, **will not be responsible** for loss of or damage to any property of money unless deposited with ETMC for safekeeping and a written safekeeping receipt is issued by ETMC. (Patient's Initials: _____)
- J. **Safety:** I understand, for reasons of safety, personal electrical items are not approved for use in ETMC. Such items include hair dryers, curling irons, hot rollers, radios, tape players, razors, heating pads and the like.
- K. **Advance Directive:** I have been given written materials about my rights to accept or refuse medical treatment and my rights to formulate Advance Directives and have acknowledged whether or not I have executed an Advance Directive. I understand that I am not required to have Advance Directives in order to receive medical treatment at this healthcare facility. (Patient's Initials: _____)
- L. **No Warranty:** I understand that no warranty or guarantee has been made to me as to result or cure.
- M. **Patient Rights:** I have been given written materials about my rights as a patient. (Patient's Initials: _____)

Signature of Patient or Legally Authorized Representative

Date

Time

a.m. / p.m.

Name & Relationship if not Patient

Reason Patient Unable to Sign

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF CONSULTATION
08/04/2012

REFERRING PHYSICIAN
Dr. David Jones.

INDICATION
Coagulation/coagulopathy.

HISTORY OF PRESENT ILLNESS

A very unfortunate situation of a 45 year-old inmate who was apparently perfectly well. He had lunch. After lunch apparently the fellow inmates in the holding tank noted that he was having seizures. They grabbed him to keep him from hurting himself. He was evaluated and noted to have a high temperature of 108 degrees. He was ultimately brought here where he was also noted to have a temperature that high which rapidly came down. He was admitted in the middle of the night to the hospitalists service and Dr. Jones saw the patient in consultation.

The patient has received 6 units of fresh frozen plasma, 6 units of platelets and 4 units of red cells. He continues to bleed profusely through a rectal tube. He has been unresponsive with sluggish pupil, glarey response, and hypotensive.

In terms of any prior relevant history he was on Seroquel and his dose has recently been increased from 300 to 500 mg. He had been in the county jail and had been removed from there to be taken to the holding tank for the state penitentiary. His mother, whom I spoke to on the phone, said he was extremely upset about that; however, he never voiced any suicidal ideation.

He was noted to have a large ecchymosis in his left eye when he presented to the medical staff at the prison. No one verbalized having witnessed any altercations.

His mom said that he was a drug addict but quit 7 years ago. He does drink beer but never heavily.

CONSULTATION REPORT

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS

Generally good health. Apparently has hypertension, neuropathy, depression.

MEDICATIONS

1. Seroquel 500 mg.
2. Lisinopril unknown dose.
3. Gabapentin unknown dose.

ALLERGIES

NO KNOWN ALLERGIES

PHYSICAL EXAMINATION

VITAL SIGNS: On examination now his blood pressure is 150/30.

GENERAL: He is unresponsive. His pupils are very large and slowly responsive. He has some blood trickling from his mouth. He is intubated.

LUNGS: Diminished breath sounds at the bases.

CARDIOVASCULAR: Regular rate without S3.

ABDOMEN: Distended. No obvious rebound tenderness. There are a few bowel sounds.

EXTREMITIES: No edema.

DATA REVIEWED

CBC with hemoglobin initially 11.5 down to 6.9 and now up to 11 post transfusion. Platelets are 57,000 with repeat pending. White count of 19,800 on admission with a left shift.

Prothrombin time greater than 320. Partial thromboplastin time of 243.

D-dimer greater than 69,000. Fibrinogen degradation products greater than 40.

Review of peripheral blood smear demonstrates no schistocytes. There are a few nucleated red cells, particularly in the second specimen, but no sign of any abnormal image or cells.

IMPRESSION

Fulminate disseminated intravascular coagulation (DIC), with no suggestion of TTP. I suspect this is the aftermath of what appears to be an episode of malignant neuroleptic syndrome related to psychotropic drugs but

CONSULTATION REPORT

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
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ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Gary . Gross, MD

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exacerbated by the extremely hot conditions within the holding tank.

Would consider the possibility the patient could have had sepsis, but the fulminate presentation, very high fevers, and the lack of obvious source make that seem much less likely. At any case at this point the prognosis is extremely poor. I have talked to the patient's mother by phone and shared this with her. She has already accepting the fact that he will virtually certainly die.

RECOMMENDATIONS

I will update coagulation studies and "fill up his tank" with appropriate transfusion of red cells, platelets and fresh frozen plasma. At that point, unless there is significant clinical recover, which I think is extremely unlikely, I would not continue to use precious blood products.

I appreciate the consultation. Will definitely follow the patient with you.

cc: William Chace Conner, MD

TR: tmv JOB#: 111877516

DD: 08/04/2012 10:34 A

DT: 08/04/2012 12:42 P

CONSULTATION REPORT

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
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ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

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REASON FOR CONSULTATION

Critical care and ventilator management.

HISTORY OF PRESENT ILLNESS

The patient is an unfortunate 45-year-old male who looks very much older than his stated age with a history of chronic alcoholism. He has been incarcerated since March. He was recently transferred to a facility the 2nd. Prior to his transfer he was hit by another inmate causing a left periorbital ecchymosis and laceration. Approximately 30 minutes after dinner patient was reported to be found to a guard unresponsive with agonal breathing. He was being held by inmates that were surrounding him who stated that he'd had a seizure and they were holding him "to keep him from hitting anything." Patient was then brought to the Emergency Room where he was found to have some upper and lower GI bleeding and hypotension. He was intubated and brought to the Emergency Room. His temperature had been 107.9 on arrival. The most recent temperature we've obtained here after arriving to the ICU in Tyler is 99.2 degrees and this is without any cooling measures performed. Thus far I have given patient one liter of IV fluids. He has had multiple bags of fresh frozen, currently receiving platelets and blood. He continues to profusely bleed. His PT and PTT is extremely high, unreadable and his repeats are pending. Fibrin split products were elevated indicating a possible TTP. Multiple differentials have come to mind. He has been on Seroquel for depression and his mother states approximately one month ago, it was recently increased from 300 to 500. Overall the patient is critically ill. He is on multiple pressors including Neo, Levo and vasopressin at this point. Profuse lower GI bleeding is being contained in a Flexi-seal that is continuous. Patient continues to have hypotension despite fluid bolus, despite multiple pressures, despite blood products being infused. I have discussed the severity of the situation with his mother and his daughter who are aware of the severity and at this point in time they want us to continue efforts. If patient does have a cardiac arrest, the patient is not to receive CPR according to his mother.

PAST MEDICAL HISTORY

1. Coronary artery disease. He had an MI at a younger age.
2. GERD.
3. Bloody stools since April.

CONSULTATION REPORT

Page 1 of 5

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

4. Depression.

PAST SURGICAL HISTORY

Multiple known surgeries including bilateral hip surgery, GI surgery in 2011, back surgery and neck surgery in 2012.

SOCIAL HISTORY

He has been incarcerated since March. He is a one pack per day smoker. Heavy drinker up until the time of the incarceration at approximately 8-12 beers per day.

ALLERGIES

NONE REPORTED

MEDICATIONS

Per mother includes,

1. Seroquel 500 mg.
 2. Lisinopril dose unknown.
 3. Gabapentin dose unknown.
-

FAMILY HISTORY

Unknown.

REVIEW OF SYSTEMS

Unable to obtain as he is currently intubated.

ANCILLARY DATA

Initially received in Palestine includes drug tox screen which is negative. His initial chemistries showed a sodium of 130, potassium 5.9, chloride 98. C02 23. His glucose was 105, BUN 24 and a creatinine elevated at 2.2. His AST was 40, ALT 30. Alkaline phosphatase was 117. His initial CKMB was 0.8. Alcohol level was nil. His CBC showed a white count of 7,000, hemoglobin 12 and a hematocrit of 37 with a platelet count of 183. His differential showed 33% segs and 1% bands. CT of the head without IV contrast showed no acute intracranial abnormalities. Urinalysis was unremarkable. Platelets were within normal range at 183.

Ancillary data here in Tyler includes ABGs on arrival showing a pH 7.15, pCO2 45, pO2 83.4 and a bicarb of 15.6 on assist control of 14, 650 and 5

CONSULTATION REPORT

Page 2 of 5

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of PEEP. A repeat ABGs just obtained showed a pH 7.16, pCO2 47, pO2 of 300 with a bicarb of 16.8, base excess of -11 on assist control, 14, 655 and 100%. Changes made to the vent were an increased respiratory rate of 22 and a reduced FIO2 of 50%. His ionized calcium was 0.8. He has been given two amps of calcium gluconate.

His cardiac enzymes on arrival showed a CK 1,321, CKMB 16.8, troponin 38. His BNP was 8. His chemistries on arrival showed a sodium of 137, potassium 4.5, chloride 106, CO2 18, glucose 108. BUN 31, creatinine down trending to 1.58 from his original presenting of 2.2. His AST elevated at 271. Total bilirubin 1.8, direct bilirubin 0.85. His calcium is 6.6 and blood albumen 2.7. Fibrinogen degradation products were more than 40. His CBC showed a white count of 19,000, hemoglobin 11 and hematocrit 34 with a platelet count of 57 with 59% segs and 12% bands. His chest x-ray showed an ET tube in good position. His NG tube is in good position otherwise no abnormalities.

CT of the head as stated above from Palestine. Coags are pending.

Current IV medications infusing include Levophed, vasopressin, neo-synephrine and patient had received a liter of normal saline which he continues to receive normal saline at 200 cc's per hour along with the bicarb drip 100 cc's, 5% and 100 cc's per hour. Central line was just placed by Dr. Jones.

ASSESSMENT AND PLAN

1. Shock, multifactorial in nature, questionably septic shock as well as hypovolemic shock.
2. Acute respiratory failure receiving mechanical ventilatory support.
3. Shock liver secondary to #1.
4. Elevated troponin with a cardiac history.
5. Acute renal failure.
6. Severe acute anemia blood loss.
7. History of heavy alcohol abuse.
8. Severe upper and lower GI bleed.

IMPRESSION AND PLAN

1. He has already received multiple antibiotics including vancomycin,

CONSULTATION REPORT

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Zosyn and clindamycin which we are continuing routinely. Blood cultures, urine cultures and sputum cultures have been obtained and we are following. Continue bicarb drip. Continue aggressive fluid resuscitation.

2. Acute respiratory failure with mechanical ventilatory support. Continue vent support with a metabolic acidosis. Continue bicarb. We have increased his respiratory rate. Will follow.

3. Elevated troponin with a history of coronary artery disease and MI in the past. Will follow cardiac enzymes, obtain echocardiogram.

4. Severe hypotension and metabolic acidosis. Maintain pressures. We will add steroids.

5. Hypocalcemia. Correct electrolytes per protocol and follow.

6. Acute renal failure secondary to the above. Aggressive IV fluids and follow I's and O's, creatinine.

7. Acute anemia with blood loss with coagulopathy. Transfusing fresh frozen platelets and blood rapidly following his H H.

8. History of alcohol abuse with history of GI bleeding in the past. If patient makes it through to night, we will need GI evaluation for possible scoping.

9. Severe upper and lower GI bleed supported with transfusions, possibly currently a DIC/TTP. Continue supportive and aggressive care as stated above.

10. Shock liver secondary to the above.

Overall patient's prognosis is very poor and critical in nature. This was discussed with the family. Patient wishes to continue current care with no CPR if patient goes into a cardiac arrest.

Total critical care time with patient approximately one hour and 45 minutes. Patient is seen by myself as well as Dr. Jones and Dr. Jones will add an addendum. He agrees and collaborates with the plan as stated above.

Dictated by: Christine Porter, ACNP

cc:

CONSULTATION REPORT

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ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

TR: cay JOB#: 111877210

DD: 08/04/2012 03:35 A

DT: 08/04/2012 08:25 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:52 -05:00

CONSULTATION REPORT

Page 5 of 5

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28.37

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETMC TYLER
[Barcode]
43328731

Palestine Reginal Medical Center
TRANSFER RECOMMENDED
Consent to Transfer Form

ADAMS, RODNEY
PRE-EP [REDACTED] N/A6 Admit: 08/03/12
L.F.R.
MR# L000199921-TOOT PAUL USBA.
Acct# L00104029459
[Barcode]

A. PHYSICIAN ASSESSMENT AND CERTIFICATION

I have assessed the individual and have determined the individual's condition to be:

1. ___ The individual does not have an Emergency Medical Condition. This is a non-emergency transfer.
2. ___ The individual has an Emergency Medical Condition which has been stabilized such that within reasonable medical probability, no material deterioration of the individual's condition or the condition of the unborn child(ren) is likely to result from transfer.
3. ___ The individual has an Emergency Medical Condition which has not stabilized, however I believe that the potential benefits from a transfer outweigh the risks.

B. TRANSFER CONSENT OR REFUSAL

I acknowledge that my medical condition has been assessed and explained to me by the Emergency Department physician and/or my attending physician who has recommended that I be transferred to the service of Dr. Sachin at ETMC-TYLER.
The potential benefits of such transfer, the potential risks associated with such transfer and the probable risks of not being transferred have been explained to me and I fully understand them. With this knowledge and understanding, I hereby:

(Mark Only One)

☐

CONSENT TO BE TRANSFERRED

☐

REFUSE TO BE TRANSFERRED

C. Privately Owned Vehicle Against Medical Advice

I elect to provide my own transportation and decline medical transportation for the transfer. I am aware of the risks and release the physician, this hospital and its agents from any liability related to transportation to the receiving facility.

Patient's Initials _____

[Signature]
Witness

ptunable to sign
Signature of individual or legally
responsible individual signing on individual's behalf

8/3/12 2015
Date Time

Relationship to Individual _____

Revised 7/01

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ADAMS, RODNEY
43328731
DOB: [REDACTED] 3-84 M 045Y
ETNIC TYLER

PALESTINE REGIONAL MEDICAL CENTE



43328731

ADAMS, RODNEY		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00104029459		11	L	ER		REG ER	08/03/12	1913	L000199921
Soc Sec No: [REDACTED] Age: 46 Sex: M Race: W Religion: [REDACTED] Address: PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Ph: 903-928-3118 Country: ANDERSON COUNTY Language: ENGLISH Country: USA UTMB, UTMB SS#: 999-99-9999 Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Home Ph: 800-605-8165 Country: [REDACTED] Relationship to Patient: WARD OF COURT		UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:							
Address: [REDACTED] Home Ph: [REDACTED] Relationship to Patient: [REDACTED]		SS#: [REDACTED] #1797921 Work Phone: [REDACTED] Occupation: [REDACTED]							
Home Phone: [REDACTED] Relationship to Patient: [REDACTED]		Work Phone: [REDACTED] Occupation: [REDACTED]		WARDEN, GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Work Phone: [REDACTED] Relationship to Patient: WC					
Policy # 1797921 Coverage # 0 Subscriber ADAMS, RODNEY Rel to Pt SELF/SAME AS PA DOB 01/01/1966 Group P0696997084		Treat/Precent - PRE CERT # Ins Verif Pro Review Not Required							
Policy # [REDACTED] Coverage # [REDACTED] Subscriber [REDACTED] Rel to Pt [REDACTED] Group [REDACTED]		Treat/Precent Ins Verif Pro Review							
Policy # [REDACTED] Coverage # [REDACTED] Subscriber [REDACTED] Rel to Pt [REDACTED] Group [REDACTED]		Treat/Precent Ins Verif Pro Review							
NO LOCAL PHYSICIAN									
EMERGENCY ROOM EM AMB PRADMTJG FEVER									
Critical - Tyler R-2078 - 1-81-6-502929% Trop. 1:59- vent. Mt. 100 kg NS-L					CT of head - black eye ZS2 ST 75/50 - 170				

Unit Number L000199921



1947) UTMB-Ray

Account Number L00104029459



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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

06/10/2012 SUN 1:05 FAX 903 531 8819 Wire ADAMS, RODNEY
 12/30/2011 FRI 16:30 FAX 43328731 129-83-84 M 045Y
 DOB: [REDACTED] ETMC TYLER

Q001/001
 Q001/001



43328731

ETMC PATIENT TRANSFER HAND OVER COMMUNICATION

To Be Completed by the Transferring Physician

FAX to: FirstComm - 903.531.8819 Date: 8/3/12 Time: 2000

Patient Information: _____

Situation: Transferring Facility: PRMCReason for Transfer: CriticalDiagnosis: Resp failure, MI, hyperthermiaCurrent Vital signs: Temp: 107.2 BP: 90/50 P: 170 R: Vent SPO2: _____

Background: _____

Medications: AspirinAbnormal Labs: Trop. 1.57Diagnostic Read by Radiologist: ☒ Yes ☐ No Radiologist's Name: O'NeillAssessment: Major Drips: Levophed
Acetaminophen, NSInterventions (i.e. sutures, chest tubes): VentilatorRecommendation: Transfer to ☒ ED ☐ ICU ☐ Floor ☐ Other (circle)Mode of transport: Air (include patient weight: 100 kg/lbs) GroundName of Transferring Physician: Dr. Toole Phone: 903-734-1153Questions please call: 903-535-6267

NOT PART OF MEDICAL RECORD

Apt 09/JFM

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Palestine Regional Medical Center
2900 South Loop 256
Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD

LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY		Age/Sex: 46/M		Attend Dr: TOOTE, PAUL URBAN	
Acct#: L00104029459		Unit#: L000199921		DOB: [REDACTED]	
Reg: 08/03/12		Disch:		Status: REG ER	
				Location:	
Specimen: 0803:PAR:CU00004S Req#: 00605006 Collected: 08/03/12-1925 By: PRNURSE					
Status: COMP Received: 08/03/12-1945 By: PRLABTDB					
Ordering Dr: TOOTE, PAUL URBAN					
Test	Result	Flag	Reference	Verified	
<u>U DRUG SCRNM</u>					
> U METHADONE	NEG		NEGATIVE	08/03/12-2012	
> U COCAINE	NEG		NEGATIVE	08/03/12-2012	
> U CANNABINOIDS	NEG		NEGATIVE	08/03/12-2012	
> U BARBITURATE	NEG		NEGATIVE	08/03/12-2012	
> U BENZODIAZEPEN	NEG		NEGATIVE	08/03/12-2012	
> U OPIATES	NEG		NEGATIVE	08/03/12-2012	
> U AMPHETAMINE	NEG		NEGATIVE	08/03/12-2012	
> U PHENCYCLIDINE	NEG		NEGATIVE	08/03/12-2012	
<p>*Specimen analysis was performed without chain of custody * *handling.* *These results should be used for medical purposes only and* *not for any legal or employment evaluative purposes.*</p> <p>This test is for screening purposes only. Clinical consideration and professional judgement must be applied to any drug of abuse test results, particularly in evaluating a preliminary positive result. A specimen may contain a measurable amount of drug metabolite and still be considered negative. In order to obtain a confirmed analytical result, a more specific chemical method is needed. The confirmatory test must be ordered by the attending medical provider. Positive results will not be confirmed by an alternate procedure unless ordered.</p>					

ADAMS, RODNEY
43328731 100 03-84 M 045Y
DOB: [REDACTED] ETMC TYLER
43328731

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ADAMS, RODNEY
43328731 128-03-84 M 045Y
DOB: [REDACTED] ETHC TYLER

Line Regional Medical Center
1900 South Loop 256
Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD



43328731

RESULTS Broadcast REPORT

Name:	ADAMS, RODNEY	Age/Sex:	46/M	Attend Dr:	TOOTE, PAUL URBAN
Acct#:	L00104029459	Unit#:	L000199921	DOB:	[REDACTED]
Reg:	08/03/12	Disch:		Status:	REG ER
				Location:	

Specimen:	0803:PAR:C00079S	Req#:	00605006	Collected:	08/03/12-1930	By:	PRNURAW
Status:	COMP			Received:	08/03/12-1945	By:	PRLABTDB
Ordering Dr:	TOOTE, PAUL URBAN						

Test	Result	Flag	Reference	Verified
<u>CMP</u>				
> NA	130	L	136-145 mmol/L	08/03/12-2014
> K	5.9	H	3.5-5.1 mmol/L	08/03/12-2014
> CL	98		98-107 mmol/L	08/03/12-2014
> CO2	23		21-32 mmol/L	08/03/12-2014
> ANION GAP	14.9		4.8-21.0 mmol/L	08/03/12-2014
> GLUCOSE	105		70-110 mg/dL	08/03/12-2014
> BUN	24	H	7-18 mg/dL	08/03/12-2014
> CREATININE	2.2	H	0.8-1.3 mg/dL	08/03/12-2014
> TOTAL PROTEIN	7.0		6.4-8.2 g/dL	08/03/12-2014
> ALBUMIN	3.2		3.2-4.7 g/dL	08/03/12-2014
> CALCIUM	7.3	L	8.5-10.1 mg/dL	08/03/12-2014
> BILI TOTAL	0.9		0.2-1.0 mg/dL	08/03/12-2014
> AST	40	H	15-37 U/L	08/03/12-2014
> ALT	30		12-78 U/L	08/03/12-2014
Please make note of the New Reference Range of ALT. This change incorporates the new ALT "I" (International Standardization of ALT)				
> ALK PHOS	117		50-136 U/L	08/03/12-2014
> CK	165		39-308 U/L	08/03/12-2014
> OSMOLALITY CALC	274		270-290	08/03/12-2014
OSMOLALITY IS A CALCULATED RESULT BASED ON THE SODIUM, GLUCOSE AND BUN RESULTS.				
> CKMB	0.8		0.0-3.6 ng/mL	08/03/12-2014
> ETOH	< 10		mg/dL	08/03/12-2014
Texas legal limit for intoxication = 0.08 % = 80 mg/dL To convert mg/dL to percent, move the decimal point three places to the left. ie 10 mg/dL = 0.01 %				

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Palestine Regional Medical Center
2900 South Loop 256
Palestine, TX 75801

PAGE 1

Johnny L. Haley, MD

LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY		Age/Sex: 46/M		Attend Dr: TOOTE, PAUL URBAN	
Acct#: L00104029459		Unit#: L000199921		DOB: [REDACTED]	
Reg: 08/03/12		Disch: [REDACTED]		Status: REG ER	
				Location:	
Specimen: 0803:PAR:H00062S Req#: 00605006 Collected: 08/03/12-1930 By: PRNURAW					
Status: COMP Received: 08/03/12-1945 By: PRLABTDB					
Ordering Dr: TOOTE, PAUL URBAN					
Test	Result	Flag	Reference	Verified	
CBC W/DIFF					
> WBC	7.6		4.8-10.8 K/uL		08/03/12-1953
> RBC	4.13	L	4.7-6.1 M/uL		08/03/12-1953
> HGB	12.6	L	14.0-18.0 gm/dL		08/03/12-1953
> HCT	37.9	L	42-52 %		08/03/12-1953
> MCV	91.8		80-94 fL		08/03/12-1953
> MCH	30.5		27-31 pg		08/03/12-1953
> MCHC	33.2		33-37 g/dL		08/03/12-1953
> RDW	13.5		11.5-14.5 %		08/03/12-1953
> PLT	183		130-400 K/uL		08/03/12-1953
> MPV	9.8		7.4-10.4 fL		08/03/12-1953
MANUAL DIFF					
> PLT ESTIMATE	ADEQUATE		ADEQUATE		08/03/12-2026
> SEGS	33	L	50-70 %		08/03/12-2026
> BAND	1		0-10 %		08/03/12-2026
> LYMPH	57	H	20-40 %		08/03/12-2026
> MONO	4		1-6 %		08/03/12-2026
> METAMYELOCYTE	5	H	0-0 %		08/03/12-2026
> ATYPICAL LYMPH	4				08/03/12-2026

ADAMS, RODNEY
43328731 128-03-84 M 045Y
DOB: [REDACTED] ETHNIC TYLER
43328731

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LAURENCE MEDICAL CENTER

01/10/2014 10:10:00

Sinus tachycardia with short PR
Right axis deviation
Nonspecific intraventricular block
Abnormal ECG

Vent. rate 189 bpm
PR interval 104 ms
QRS duration 162 ms
QT/QTc 254/450 ms
P-R-T axes * 110 70

Male

Room:

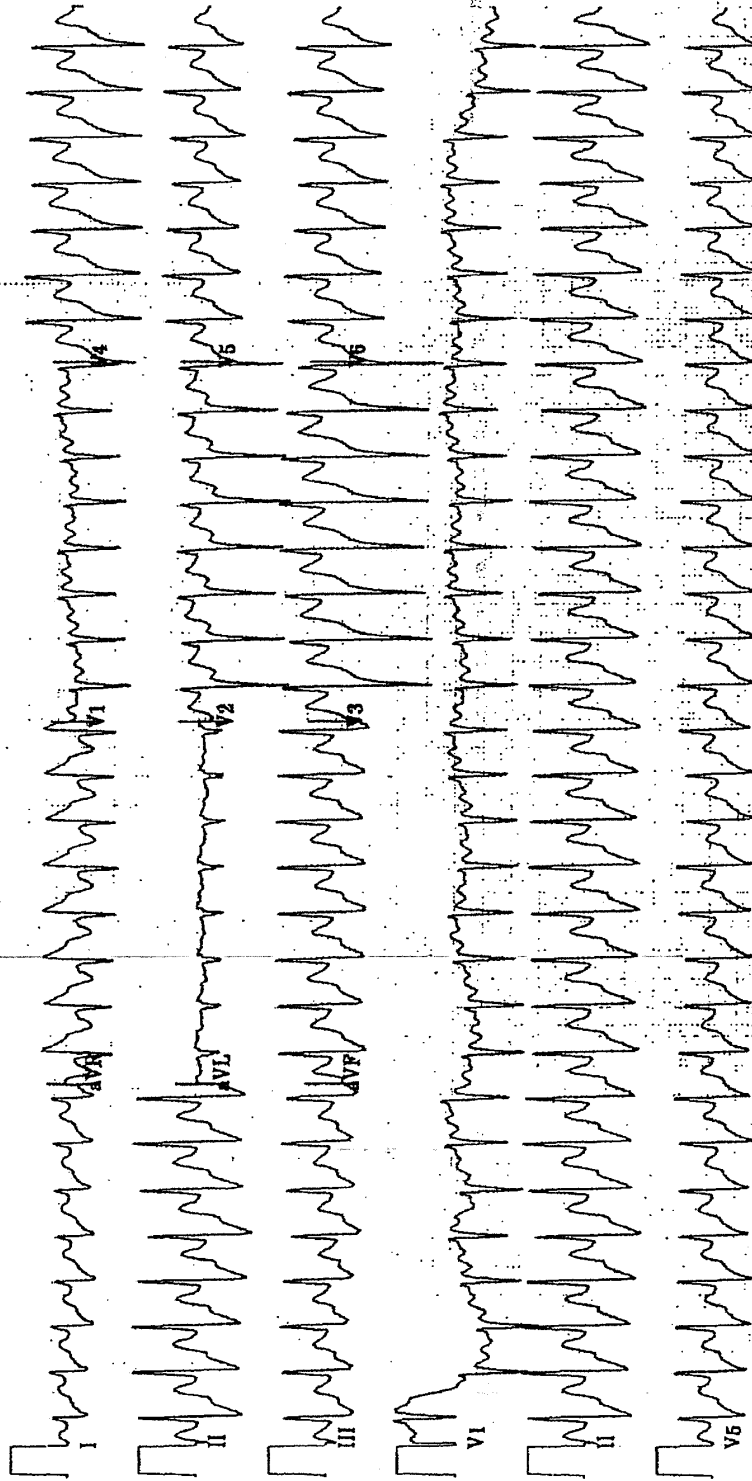
ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: ETRC TYLER

43328731

Technician:
Test ind:

Unconfirmed

Referred by:



150 Hz 25.0 mm/s 10.0 mm/mV

By 2.5s + 3 rhythm leads

MAR05 0055.1

1251-1219

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TY-ADAMS, RODNEY-Enc# 433287

R-I-I-8/3/2012 ED Outside Medical Record. /4/2012--ER0020-23pg

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETRC TYLER
43328731

NEURO
P higher fu
R alert
I orienter
mood /
no evidence of acute CVA
Cranial nerves -
nml as tested
cerebellar -
nml as tested
peripheral exam -
motor nml
sensation nml
reflexes nml

NECK
supple
non-tender

RESP / CVS
no resp. distress
breath sounds nml
reg. rate & rhythm
heart sounds nml

ABDOMEN (GI)
non-tender
no organomegaly
nml bowel sounds

SKIN
color nml, no rash
no edema

EXTREMITIES (MS)
no tenderness
nml ROM
no pedal edema

EKG & X-RAYS
ECG normal except
WBC 12.6
Hct 31.9
Platelets 32
segs 32
bands 1
Wp 134
TSH 0.73
Chemistries normal except
Na 120
K 5.9
Cl
CO2
Gluc
BUN 24
Creat 2.2
Ca 7.3
ABG RA/LO2
pH
pCO2
pO2
HCO3
PT/PTT
INR
ammonia
lactate
UA normal except
Cultures blood x
sputum
ETOH
TOX

RHYTHM STRIP NSR Rate 80
EKG NML [] Interp. by me [] Reviewed by me Rate
NSR nml intervals nml axis nml QRS nml ST/T
Sawtooth tach RAD No JWB STV
CXR [] Interp. by me [] Reviewed by me [] Discd w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum
77 lb infat 57 fat infat
CT Scan head [] Discd w/ radiologist
nml / NAD

Pulse Ox % on RA / L O2 Interm: nml / hypoxic Time: _____

Underline indicates organ system
* equivalent or minimum required for organ system exam
Altered Mental Status-45

Date _____

LABS
TREATMENT / PROCEDURE Time: _____ Time out performed
DSO-Narcan Thiamine
Intubated by ED Physician pre-oxygenated
RSI protocol succinylcholine vecuronium
8 nasal / oral breath sounds equal position confirmed on CXR

PROGRESS
Time _____ unchanged improved re-examined
Care discussed with Dr. Ketter
transfer to ICU
Care discussed with Dr. Agostini
transfer to ICU
transfer to ICU
Respiratory distress & apneic
wheezes / rales / rhonchi
tachycardia / bradycardia / irreg. irreg. rhythm
JVD present / decreased pulse(s)
murmur grade /6 sys/diast
gallop (S3/S4)
guarding / tenderness
hepatomegaly / splenomegaly / mass
non-tender
no organomegaly
nml bowel sounds

CLINICAL IMPRESSION
Alcohol Intoxication
Chronic Dementia
Confusion / Supor / Coma
Dehydration / Volume Depletion
Hypernatremia / Hyponatremia
Hypoglycemia / Insulin Reaction
Overdose / Substance Abuse
CVA (Stroke)
hemorrhagic non-hemorrhagic
Severe Hypothermia
Hyperkalemia
Hepatic Encephalopathy
Intracerebral / Subarachnoid Bleed
Meningitis / Encephalitis / Sepsis
Pneumonia
Seizures / Post-ictal State
Subdural Hematoma
Syncope
Transient Ischemic Attack
Urinary Tract Infection

DISPOSITION
home transferred
Time admitted POA doabitus / UTI / other
CONDITION unchanged improved stable
Care transferred to Dr. _____ Time: _____

RESIDENT / PA / NP RTI # _____

ATTENDING NOTE: Please see resident / NLP note for details
Resident/PA/NP's history reviewed. Patient interviewed and examined by me.
HPI:
My personal exam reveals:
I agree with assessment and care plan, and confirm the diagnosis(es) above. With exception of _____

PHYSICIAN SIGNATURE R. South RTI # _____
[] Template Complete [] See Addendum (Dictated / Template # _____)

ADAMS, RODNEY
PRE ER Admit: 08/03/12
H/A6 ER
Age 129/03/84 1001E, PNR UKRAN
Acct# L00104029459

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ADAMS, RODNEY
43328731 128 03-84 M 045Y
DOB: [REDACTED] ETMC Tyler



43328731

45 PALESTINE REGIONAL MEDICAL CENTER
EMERGENCY PHYSICIAN RECORD
♦ Altered Mental Status ♦

PQRI - Physician Quality Reporting Initiative

DATE: 8-3-12 TIME: 12:00 PM ROOM: T2

EMS Arrival EMS treatments ordered

HISTORIAN: patient spouse (paramedic) NH records

HX / EXAM LIMITED BY:

TRANSFER FROM: ☐ see transfer record**HPI**

chief complaint: decreased mental status / confusion
low blood sugar / diabetic fever: [REDACTED]
more 2-3 Temp

onset / duration: min / hrs / days ago gradual-onset
sudden-onset
upon waking cannot confirm onset gone now intermittent
better continues in ED more than 3 hours constant

character of altered mental status:

disoriented / confused / combative / agitated / trouble concentrating
unresponsive / seizure activity / decreased responsiveness

at home found by cell of house
constantly awake temp 110

context:

nursing home resident / chronic dementia / depression [REDACTED]

found unresponsive / unknown duration

by nursing home staff bystander family

dextrostick PTA () given D50 / Narcan PTA

good / marginal / no response

recent / heavy alcohol intake (beer / wine / liquor)

lost drink

drug abuse / overdose

trauma head injury [REDACTED]

infection / other family members sick [REDACTED]

new medications

Usually:

Capacitation
alert, oriented & alert but confused
alert but disoriented to time
poor alertness

Goal:

walks w/o assistance
unable to walk
uses a cane / walker
walks only w/ assistance

associated symptoms:

recent illness new weakness
fever / chills decreased ability to stand / walk
chest pain weak difficult off balance
neck / back pain cannot walk cannot stand falling
trouble breathing involuntary movements / seizure
abdominal pain headache
nausea / vomiting

Similar symptoms previously

Recently seen / treated by doctor / hospitalized

ADAMS, RODNEY

PRE ER M-4K Admit: 8/3/12
1001E PAUL HARRAN
Acct# L00104029459

ROS limited by pt MS**EYES / ENT**

problems with vision
sore throat
trouble swallowing
CVS / RESP
palpitations
cough

GU / GI

problems urinating
diarrhea
black stools
MS / SKIN / LYMPH
joint pain
leg / ankle swelling

PSYCH

anxiety / depression
recent injury

LUMP preg post-menop

CONST / CVS / RESP / NEURO components also addressed in HPI

PAST HX

confusion / dementia

CVA / TIA deficit

diabetes Type 1 Type 2

diet / oral / insulin

head trauma

overdose

seizure disorder

psychiatric disorder

schizoph. / bipolar / depression

old records ordered / summary

unk 2nd [REDACTED] pt MS

Surgeries / Procedures none

appendectomy

cardiac bypass / stent

cholecystectomy

unk 2nd [REDACTED] pt MS

Immunizations: Influenza / pneumovax

Medications none see nurses note

aspirin coumadin clopidogrel

asthma / COPD

cardiac disease

AMI CHF A-FB

hepatitis / HIV

hyperlipidemia

hypertension

insect bite

GI bleeding

SOCIAL HX

smoker

alcohol (recent / heavy / occasional)

living situation: alone at home in nursing home [REDACTED]

FAMILY HX CVA CAD HTN cerebral aneurysm [REDACTED]

Nursing Assessment Reviewed

Vitals Reviewed

PHYSICAL EXAM limited by pt MS

General Appearance mild / moderate / severe distress

no acute distress lethargic / obtunded

alert anorectic

HEAD / EENT

PEARL

EOM's intact

no apparent trauma

ENT inspection nml

oropharynx nml

airway intact

scleral icterus / pale conjunctivae

unequal pupils R 4 mm L 4 mm

post-surgical pupillary defect (R/L)

EOM palsy pupils fixed and dilated

abnml funduscopic / papilledema

deprad gag reflex / handles secretions poorly

pharyngeal erythema / exudate

hemotympanum / raccoon eyes / Battle's sign

tenderness / swelling / ecchymosis

dry mucous membranes

fluid in right ear

Not clear

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EMERGENCY DEPARTMENT
FALL / ENTRAPMENT RISK ASS.

ADAMS, RODNEY
 43328731
 DOB: [REDACTED] 0451
 ETHC Tyler

Palestine Regional Medical Center

Name: ADAMS, RODNEY Pk: L00104029459
 Age: 46YRS DOB: 1/1/1966 Sex: M MR#: L000199921
 EDMD: TOOTE, PAUL PMD: NO LOCAL DOCTOR

Date In: 8/3/2012

FALL / ENTRAPMENT RISK Score less than 10 = low risk Score greater than 10 - high risk for fall (follow hospital protocol)

	Score	0	1	2	3	4	5	Other
Age	0	Less than 60	60 or over	60 - 69	70 - 79			
Mental Status	0	Oriented or Comatose		Confused 100% of the time	Unable to follow directions	Nighttime or intermittent confusion		
Elimination	0	Continent Independent	Continent		Requires assistance		Incontinent	
Impairments	0	None known		Vision/glasses or hearing/hearing aid	Confined to bed or chair	Blind or deaf		
BP	0	Within normal limits	Systolic BP consistently less than 90	Dizziness with position changes				
Gait / Mobility	0		(List each item) Uses cane/walker Holds furniture Balance problems					History of recent falls (2 or more in past 6 months) = 7 points
Current Medications	0		(List each med) Sedatives Narcotics Diuretics Antihypertensives Benzodiazepines Post-anesthesia Psychotropics Laxatives Cathartics					
Predisposition Conditions	0		(List each item) CVA, Hypertension, Dehydration, Seizures, Arthritis, Parkinson's Disease, Loss of limbs, Post-op 1st 3 days					
Total	0							

Circle each item that applies. Document points in score column. Total at bottom of page.

PRC-MED Form

Rev. 12/06 v.1.1

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TY-ADAMS, RODNEY-Bnc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

**EMERGENCY DEPARTMENT
PRIMARY NURSING ASSESSMENT****Palestine Regional Medical Center**

Name: ADAMS, RODNEY

P#: L00104029459

Age: 46YRS DOB: [REDACTED]

Sex: M

MR#: L000199921

EDP: TOOTE, PAUL

PCP: NO LOCAL DOCTOR

Date In: 8/3/2012

Time: 1910

Subjective Notes: <i>Unresponsive, Elevated Temp</i>															
Pain <input type="checkbox"/> Patient denies pain															
Location: <i>Unstable</i>	Quality: <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Cramping <input type="checkbox"/> Burning <input type="checkbox"/> Aching														
Provocation: <i>Unstable</i>	Severity Scale: _____ Onset: _____														
Radiating: <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	Aggravating Factors: _____														
<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Relieving Factors: _____															
Psychosocial															
Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Other _____	Environment: <input type="checkbox"/> No steps <input type="checkbox"/> Few steps <input type="checkbox"/> Many steps														
Mood / Affect / Behavior: <input type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious	Nutritional status: <input type="checkbox"/> Normal <input type="checkbox"/> Cachectic <input type="checkbox"/> Obese														
<input type="checkbox"/> Tearful <input type="checkbox"/> Other <i>Unresponsive</i>	Religious / Cultural preference: <input type="checkbox"/> None (specify) _____														
Caregiver: <input type="checkbox"/> Self <input type="checkbox"/> Family member <input type="checkbox"/> Significant Other <input type="checkbox"/> Group home	Best learn by: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Return demo														
Activity level: <input type="checkbox"/> Ambulates independently <input type="checkbox"/> Requires assistance <input type="checkbox"/> Non-ambulatory	Learning Barriers: <input type="checkbox"/> TDD phone <input type="checkbox"/> Interpreter <input type="checkbox"/> No <input type="checkbox"/> Yes														
<input type="checkbox"/> Performs ADL's independently <input type="checkbox"/> Requires assistance with ADL's	<input type="checkbox"/> Other: _____														
Neurological	Gastrointestinal <input type="checkbox"/> Not Assessed														
<input type="checkbox"/> Alert <input type="checkbox"/> Oriented X3 <input type="checkbox"/> Cooperative <input type="checkbox"/> Awake but Confused	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Rigid <input type="checkbox"/> Distended														
<input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative <input type="checkbox"/> Agitated <input type="checkbox"/> Restrained	<input type="checkbox"/> Non-Tender <input type="checkbox"/> Tender (Area) _____														
Responds: <input type="checkbox"/> To Verbal <input type="checkbox"/> To Pain <input type="checkbox"/> Unresponsive	Bowel Sounds: <input type="checkbox"/> Present <input type="checkbox"/> Decreased <input type="checkbox"/> Absent														
Posturing: <input type="checkbox"/> No <input type="checkbox"/> Decorticate <input type="checkbox"/> Decerebrate	Elimination: <input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea # of Stools: _____														
Pupils: <input type="checkbox"/> Brisk <input type="checkbox"/> Sluggish <input type="checkbox"/> Fixed <input type="checkbox"/> Pinpoint <input type="checkbox"/> Dilated															
Extremities: <table border="1"><tr><td>RUE</td><td>LUE</td><td>RLE</td><td>LLE</td></tr><tr><td><i>0</i></td><td><i>0</i></td><td><i>0</i></td><td><i>0</i></td></tr></table>	RUE	LUE	RLE	LLE	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	Genitourinary <input type="checkbox"/> Not Assessed						
RUE	LUE	RLE	LLE												
<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>												
Movement: 0=None 1=Barely Breaks Gravity 2=Weak 3=Strong	Urine: <input type="checkbox"/> Colorless <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> Cloudy														
Sensation: NR=No response DP=Deep pain MP=Mod pain LT=Light touch	<input type="checkbox"/> Anuria <input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency														
	Vaginal D/C <input type="checkbox"/> No <input type="checkbox"/> Yes LMP: <i>NA</i>														
	Penile D/C <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____														
Cardiovascular	Musculoskeletal <input type="checkbox"/> Not Assessed														
Skin: <input type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic	Lacerations / Abrasions / Contusions														
Color: <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced	Location: <i>Contusion Eye</i>														
Capillary Refill: <input type="checkbox"/> <2 Secs (Normal) <input type="checkbox"/> >2 Secs (Delayed)	Size: <i>2cm</i>														
Turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Decreased	Bleeding: <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Scant <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Pulsating														
Pulses: <table border="1"><tr><td>R</td><td>L</td></tr><tr><td><i>U</i></td><td><i>U</i></td></tr></table>	R	L	<i>U</i>	<i>U</i>	ROM: <input type="checkbox"/> WNL <input type="checkbox"/> Decreased <input type="checkbox"/> Absent										
R	L														
<i>U</i>	<i>U</i>														
Carotid _____	Edema: <input type="checkbox"/> Absent <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Deformity <input type="checkbox"/> Yes <input type="checkbox"/> No														
Brachial _____	Scars: <input type="checkbox"/> Yes <input type="checkbox"/> No Distal pulses: <input type="checkbox"/> Absent <input type="checkbox"/> Present														
Radial _____															
Femoral _____															
Popliteal _____															
Dorsalis Pedis _____															
S=Strong W=Weak D=Doppler A=Absent	Pre-Hospital Care <input type="checkbox"/> Transport only														
Respiratory	<input type="checkbox"/> CPR <input type="checkbox"/> PASG <input type="checkbox"/> Not inflated <input type="checkbox"/> IV type <input type="checkbox"/> Amt infused														
Airway: <input type="checkbox"/> Clear <input type="checkbox"/> Other _____	<input type="checkbox"/> Intubated <input type="checkbox"/> Legs inflated <input type="checkbox"/> Abdomen inflated														
Effort: <input type="checkbox"/> Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> Mildly <input type="checkbox"/> Severely	<input type="checkbox"/> Ambu-Assist <input type="checkbox"/> C-Collar														
<input type="checkbox"/> Retractions <input type="checkbox"/> Stridor <input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Mask <input type="checkbox"/> Backboard														
Cough: <input type="checkbox"/> None <input type="checkbox"/> Productive <input type="checkbox"/> Non-Productive	<input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Traction														
Lung Sounds: <table border="1"><tr><td>R</td><td>L</td></tr><tr><td>Clear <input type="checkbox"/></td><td>Clear <input type="checkbox"/></td></tr><tr><td>Wheezing <input type="checkbox"/></td><td>Wheezing <input type="checkbox"/></td></tr><tr><td>Crackles <input type="checkbox"/></td><td>Crackles <input type="checkbox"/></td></tr><tr><td>Rhonchi <input type="checkbox"/></td><td>Rhonchi <input type="checkbox"/></td></tr><tr><td>Decreased <input type="checkbox"/></td><td>Decreased <input type="checkbox"/></td></tr><tr><td>Absent <input type="checkbox"/></td><td>Absent <input type="checkbox"/></td></tr></table>	R	L	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Wheezing <input type="checkbox"/>	Wheezing <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Decreased <input type="checkbox"/>	Decreased <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	<input type="checkbox"/> O2 @ _____ % <input type="checkbox"/> Splint
R	L														
Clear <input type="checkbox"/>	Clear <input type="checkbox"/>														
Wheezing <input type="checkbox"/>	Wheezing <input type="checkbox"/>														
Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>														
Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>														
Decreased <input type="checkbox"/>	Decreased <input type="checkbox"/>														
Absent <input type="checkbox"/>	Absent <input type="checkbox"/>														
	Medication _____ Amt _____ Route _____														
ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: [REDACTED] ETHC Tyler															
Vital Signs: T: 107.7 P: 181 Regular R: 6 BP: 095/052 Nurse Signature: <i>[Signature]</i>															

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REV. 03/05/04

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

(Includes herbals, OTC meds, vitamins, nutraceuticals) Patient Copy

ADMISSION			DISCHARGE		
Source <input type="checkbox"/> Patient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Previous Admission <input type="checkbox"/> H&P <input type="checkbox"/> Copied from Patient's Labeled Meds <input type="checkbox"/> Patient's Pharmacy <input type="checkbox"/> Other: _____ (name) <input type="checkbox"/> Patient Provided & Verified Medication List Personal Meds: <input type="checkbox"/> Sent to Pharmacy <input type="checkbox"/> Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With <input type="checkbox"/> Patient or <input type="checkbox"/> Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Patient Teaching Verified and Teaching Sheets Provided
Patient is Knowledgeable About Home Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No					
UNKNOWN		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List New Medications to be taken					
Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications: Vaccination Decision (Risk Assessment completed on admission) <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol					
ADMISSION RECONCILIATION			DISCHARGE RECONCILIATION		
Date/Time <input type="checkbox"/> READ BACK of a: <input type="checkbox"/> Telephone <input type="checkbox"/> Verbal Order			Date/Time <input type="checkbox"/> READ BACK of a: <input type="checkbox"/> Telephone <input type="checkbox"/> Verbal Order		
Physician Name/Nurse Signature & Title			Physician Name/Nurse Signature & Title		
Date/Time/Ordering Physician Signature:			Date/Time/Ordering Physician Signature:		
Transcribed: Date/Time/Signature/Title:			Transcribed: Date/Time/Signature/Title:		
Noted: Date/Time/Admission Nurse/Title/Initials:			Noted: Date/Time/Admission Nurse/Title/Initials:		
Height:	Weight: 100.00 kg <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Stated <input type="checkbox"/> Actual	Allergies: NKDA-			
Medication Reconciliation alestine Regional Medical Center			NAME: ADAMS, RODNEY AGE: 46 MR#: L000199921 PT#: L00104028459 DATE IN: 8/3/2012 EDP: TOOTE, PAUL PCP: NO LOCAL DOCTOR Referral Physician		

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"Setting the standard in ED Automation"

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TY-ADAMS, RODNEY-Enc# 43328731-Enc-I-I-8/3/2012 ED Outside Medical Records-L, 8/3/2012--ER0020-23pg

ADMISSION			DISCHARGE		
Source <input type="checkbox"/> Patient <input type="checkbox"/> Nursing Home <input type="checkbox"/> Previous Admission <input type="checkbox"/> H&P <input type="checkbox"/> Copied from Patient's Labeled Meds <input type="checkbox"/> Patient's Pharmacy <input type="checkbox"/> Other: _____ (name) <input type="checkbox"/> Patient Provided & Verified Medication List Personal Meds: <input type="checkbox"/> Sent to Pharmacy <input type="checkbox"/> Sent home with _____ (name)			If Personal Meds Stored in Pharmacy, Obtained and Sent Home With <input type="checkbox"/> Patient or <input type="checkbox"/> Other: _____ (name)		
Medication Name Dosage / Frequency / Route	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Patient Teaching Verified and Teaching Sheets Provided
UNKNOWN		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No (time) First Dose: @	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient is Knowledgeable About Home Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No					
List New Medications to be taken					
Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications:					
Vaccination Decision (Risk Assessment completed on admission) <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated <input type="checkbox"/> Administer vaccine per protocol					
ADMISSION RECONCILIATION			DISCHARGE RECONCILIATION		
Date/Time <input type="checkbox"/> READ BACK of a: <input type="checkbox"/> Telephone <input type="checkbox"/> Verbal Order			Date/Time <input type="checkbox"/> READ BACK of a: <input type="checkbox"/> Telephone <input type="checkbox"/> Verbal Order		
Physician Name/Nurse Signature & Title			Physician Name/Nurse Signature & Title		
Date/Time/Ordering Physician Signature:			Date/Time/Ordering Physician Signature:		
Transcribed: Date/Time/Signature/Title:			Transcribed: Date/Time/Signature/Title:		
Noted: Date/Time/Admission Nurse/Title/Initials:			Noted: Date/Time/Admission Nurse/Title/Initials:		
Height:	Weight: 100.00 kg	Allergies: NKDA-			
Oin.	<input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Stated <input type="checkbox"/> Actual				
Medication Reconciliation		NAME: ADAMS, RODNEY		AGE: 46	
alestine Regional Medical Center		MR#: L000199821		DATE IN: 8/3/2012	
		EDP: TOOTE, PAUL		PCP: NO LOCAL DOCTOR	
		Referral Physician			

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TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Record /4/2012--ER0020-23pg

INITIAL ASSESSMENT FORM**Palestine Regional Medical Center**PRIORITY: **1**Patient: **ADAMS, RODNEY**

PW: L00104029459

ESI - 1

DOB: [REDACTED]

AGE: 46YRS Sex: M

MR#: L000199921

EDP: **TOOTE, PAUL**PCP: **NO LOCAL DOCTOR**Worker's Comp:
Emp. Referred:

DATE: 08/03/2012

Presentation Time: 19:14

Triage Time: 19:14

Arrival Mode: EMS-OTHER

Height: Weight: 220 lbs. 0 oz. 100.00 kgs. LMP:

Last Tetanus:

Acc By: GUARDS

Chief Complaint: **FEVER >101 (ADULT)****Vital Signs**

T: 107.7 R

P: 181 Regular

R: 6 Labored

BP: 095/052

O2: 77 % RA

Pain Intensity Scale: 0 / 10

Pain Location: Unable to Rate

Brief Assessment: **IN WITH FEVER UP TO 107, SEIZURE**NIGHT SWEATS UNK
WEIGHT LOSS UNK
ANOREXIA UNKHEMOPTYSIS UNK
FEVER UNKMAMMOGRAM HISTORY UNK
SMOKER UNK
NAUSEA NO
VOMITING OR DIARRHEA NO
ABDOMINAL PAIN NO
EAR ACHE NO
SORE THROAT NO
OTHER FAMILY MEMBERS ILL NO**Sudden Onset:**

Pre-Hospital Treatment: Refer to EMS Call Report.

Pediatric Assessment: N/A

Past Medical History: UNKNOWN

Allergies: NKDA-ADAMS, RODNEY
43328731
DOB: [REDACTED] 03-84 M 045Y
ETIC Tyler
43328731

Medicines: UNKNOWN,

Nurse Signature: 

ALG

Additional Notes:

Rev 07/30/09

1/4/2012--ER0020-23pg

ADAMS, RODNEY
PRE ER Admit: 08/03/12
M/45 L.ER
MR# 1000199921 TOOTE, PAUL URBAN
Acct# 100104029459

Pt: L00104829459

Pt Name: _____

cTnI / 1.59 ng/mL

19:32 03AUG12

Operator ID: 002785011603232
Physician: _____

Lot Number: 102P121502214
Serial: 353711
Version: JAMS133A
CLEV: A24
Custom: 00000000

ADAMS, RODNEY
43328731
DOB: [REDACTED] 3-84 M 045Y
ETNC Tyler
43328731

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ED Outside Medical Records-8/4/2012--ER0020-23pg

8/3/2012 7:59 PM FROM: FAX TO: 19037311150 PAGE: 001 OF 001

American Teleradiology

Patient Name:	RODNEY ADAMS	DOB:	[REDACTED]
Patient ID:	199921	DOS:	8/3/2012 7:43:00 PM
Referring Physician:	TOOTE PAUL	Institution:	Palestine Regional Medi

CT Head without intravenous contrast

Clinical Indication: Altered mental status.

Technique: 5 mm axial noncontrasted images obtained from the skull base to the vertex.

Reference: No prior studies for comparison.

Findings:

No focal parenchymal masses, acute intracranial hemorrhage, or acute territorial infarct. No hydrocephalus. No extraaxial fluid collections. Basal cisterns are maintained. Orbits and globes are unremarkable. Mild mucosal thickening within sphenoid and maxillary sinuses. Mastoid air cells are clear. No acute osseous abnormalities. Fluid present within the nasopharynx and oropharynx.

Impression:

No acute intracranial abnormalities.

PRELIMINARY REPORT ONLY; PLEASE FOLLOW UP ON FINAL REPORT

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Dr. Thomas J. O'Neill, M.D.

8/3/2012 7:57:02 PM

Transcribed by: TO

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETHC Tyler
43328731

TY-ADAMS, RODNEY-Enc# 43328731

-I-I-8/3/2012 ED Outside Medical Records

/2012--ER0020-23pg

**ORDER PROCEDURE FORM
MEDICAL EMERGENCIES****Palestine Regional Medical Center**

Name: ADAMS, RODNEY

PW: L00104029459

Age: 46YRS DOB: [REDACTED]

Sex: M

MR#: L000189921

EDP: TOOTE, PAUL

PCP: NO LOCAL DOCTOR

Date In: 8/3/2012

Time: [REDACTED]

Laboratory Tests				Other Diagnostic Tests			
Order Time	Order Sent	By	Order Time	Order Sent	By		
CBC			CXR (PALAT - Portable)				
BMP			Abd. (flat & upright)				
Amylase			CT Scan of Chest/Abd/Pelvis				
Drug screen (serum), (urine)			IV Contrast				
ETOH			IV Contrast 30 gm				
Liver profile			Cardiopulmonary				
Magnesium			EKG				
Glucose (bedside), (serum)			ECG				
UA			O2				
Cardiac			Vent				
ECG							
Adm							
Misc. Orders							
Previous Medical Records							
Physical Therapy - Eval & Tx							

Weight:
lbs: 220
kgs: 100

Allergies: NKDA-

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
	Aspirin 81mg po							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Atorvastatin 20mg po							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Aspirin 81mg po							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	IV NS 1000ml			1925	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Vancomycin 1g IV			1912	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Succs 120mg po			1912	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
	Atorvastatin 20mg po			1912	ML	EV		<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		

Order Time	IV / Solution / Added Medication	Start Time	Device/Size	Location	Attempts	Amount	Start by	D/C Time	Am't Infused	D/C by
	KVO Device:	1912	18G	AC			EMS	1920	184	Phon
	IV Fluid:	1930								
	1000ml	1942								
	Atorvastatin 20mg po	1925								

Procedures / Nursing Assistance			
<input type="checkbox"/> Cardiac Monitor: Rate _____ Rhythm: _____	<input type="checkbox"/> NGT Insertion # _____ Fr.	<input type="checkbox"/> Endotracheal Intubation	
<input type="checkbox"/> NIBP Monitor	<input type="checkbox"/> Gastric Lavage	<input type="checkbox"/> Cardioversion	
<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> Central Line Placement	<input type="checkbox"/> Oral Airway Insertion	
<input type="checkbox"/> Urinary Catheter Insertion: # _____ Fr.	<input type="checkbox"/> CVP Monitoring	<input type="checkbox"/> Oropharyngeal Suctioning	
<input type="checkbox"/> CPR			

Discharge Instructions			
<p>43328731 128-23-84 N 045Y DOB: [REDACTED] ETHC Tyler</p> <p>43328731</p>			
Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:
PA/ARNP:	Physician's Signature:		

Rev. 09/14/04

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TY-ADAMS, RODNEY-Enc# 4332873

I-I-8/3/2012 ED Outside Medical Record. 4/2012--ER0020-23pg

ADAMS, RODNEY

DOB: [REDACTED] M/46 Admit: 08/03/12
MR# L000199921 TOOTE, PAUL URBAN
Acct# L00104029459



i-STAT cTnl

Pt: L00104029459

Pt Name:

cTnl 1.59 ng/mL

19:32 03AUG12

Operator ID: 002785011603232
Physician:

Lot Number: 102P121502214
Serial: 353711
Version: JAMS133A
CLEV: A24
Custom: 00000000

ADAMS, RODNEY
43328731 129-03-84 n 045Y
DOB: [REDACTED] ETMC Tyler



43328731

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Palestine Regional Medical Center
2900 South Loop 256
Palestine, TX 75801

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Johnny L. Haley, MD

LAB RESULTS Broadcast REPORT

Name: ADAMS, RODNEY		Age/Sex: 46/M		Attend Dr: TOOTE, PAUL URBAN	
Acct#: L00104029459		Unit#: L000199921		DOB: [REDACTED]	
Reg: 08/03/12		Disch:		Status: REG ER Location:	
Specimen: 0803;PAR:U00022S Req#: 00605006 Collected: 08/03/12-1925 By: PRNURSB					
Status: COMP Received: 08/03/12-1945 By: PRLABTDB					
Ordering Dr: TOOTE, PAUL URBAN					
Test	Result	Flag	Reference	Verified	
<u>UA DIPSTICK</u>					
> UA COLOR	YELLOW		YELLOW	08/03/12-2001	
> UA APPEARANCE	CLEAR		CLEAR	08/03/12-2001	
> UA SPEC GRAVITY	1.015			08/03/12-2001	
> UA PH	9.0			08/03/12-2001	
> UA GLUCOSE	NORMAL		NEGATIVE	08/03/12-2001	
> UA BILIRUBIN	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA KETONES	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA BLOOD	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA PROTEIN	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA UROBILINOGEN	NORMAL		NORMAL	08/03/12-2001	
> UA NITRITE	NEGATIVE		NEGATIVE	08/03/12-2001	
> UA LK ESTERASE	NEGATIVE		NEGATIVE	08/03/12-2001	

ADAMS, RODNEY
43328731 128-03-84 M 045Y
DOB: [REDACTED] ETMC Tyler



TEMPORARY REPORT COPY
** END OF REPORT **

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TY-ADAMS, RODNEY-Enc# 433287. IR-I-I-8/3/2012 ED Outside Medical Record. /4/2012--ER0020-23pg

RUN DATE: 08/03/12 RUN TIME: 1953 RUN USER: PRLABTDB		Palestine Regional Medical LAB *LIVE* Specimen Inquiry		PAGE 1	
PATIENT: ADAMS, RODNEY REG DR: TOOTE, PAUL URBAN		ACCT #: L00104029459 AGE/EX: 46/M DOB: XXXXXXXXXX STATUS: REG ER		LOC: L.ER ROOM: BED: TLOC:	
U #: L000199921 REG: 08/03/12 DIS:					
SPEC #: 0803:PAR:H000628 COLL: 08/03/12-1930 RECD: 08/03/12-1945		STATUS: RES SUBM DR: TOOTE, PAUL URBAN		REQ #: 00605006	
ENTERED: 08/03/12-1942 ORDERED: CBC W/DIFF, MANUAL DIFF		OTHER DR: NO LOCAL PHYSICIAN			
Test	Result	Flag	Reference	Verified	
<u>CBC W/DIFF</u>					
WBC	7.6		4.8-10.8 K/uL	08/03/12-1953	
RBC	4.13	L	4.7-6.1 M/uL	08/03/12-1953	
HGB	12.6	L	14.0-18.0 gm/dL	08/03/12-1953	
HCT	37.9	L	42-52 %	08/03/12-1953	
MCV	91.8		80-94 fL	08/03/12-1953	
MCH	30.5		27-31 pg	08/03/12-1953	
MCHC	33.2		33-37 g/dL	08/03/12-1953	
RDW	13.5		11.5-14.5 %	08/03/12-1953	
PLT	183		130-400 K/uL	08/03/12-1953	
MPV	9.8		7.4-10.4 fL	08/03/12-1953	
<u>MANUAL DIFF</u>					
PLT ESTIMATE	PENDING RESULT(S)				

ADAMS, RODNEY
 43328731 129-83-84 M 045Y
 DOB: XXXXXXXXXX ETNC Tyler



43328731

** END OF REPORT **

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TY-ADAMS, RODNEY-Enc# 43328731

-I-I-8/3/2012 ED Outside Medical Records

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**EMERGENCY DEPARTMENT
ONGOING NURSING ASSESSMENT**

Palestine Regional Medical Center

Name: ADAMS, RODNEY

PU: L00104029459

Age: 46YRS DOB: [REDACTED]

Sex: M

MR#: L000199821

EDP: TOOTE, PAUL

PCP: NO LOCAL DOCTOR

Date: 8/3/2012

903-535-6260

<input type="checkbox"/> Airway Clearance, Ineffective	<input type="checkbox"/> Communication Impaired	<input type="checkbox"/> Infection, Potential	<input type="checkbox"/> Self Care Deficit
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Coping, Ineffective	<input type="checkbox"/> Injury, Potential	<input type="checkbox"/> Skin Integrity Impairment
<input type="checkbox"/> Breathing Patterns, Ineffective	<input type="checkbox"/> Fluid Volume, Alteration in	<input type="checkbox"/> Knowledge Deficit	<input type="checkbox"/> Thought Processes, Impaired
<input type="checkbox"/> Cardiac Output, Decreased	<input type="checkbox"/> Gas Exchange, Impaired	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Thought Processes, Alteration in
<input type="checkbox"/> Comfort, Alteration in	<input type="checkbox"/> Hyperthermia (Fever)	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Tissue Perfusion, Alteration in
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

The GOAL/PPLAN for this patient is to assist in meeting goals.

- ☐ FB REMOVAL
- ☐ BLEEDING CONTROL
- ☐ PAIN CONTROL
- ☐ ALLEVATE NV
- ☐ FEVER CONTROL
- ☐ DECREASE ANXIETY
- ☐ SAFETY IN THE ED

Met	Met	Int

- ☐ IMMOBILIZATION
- ☐ DECREASE / PRE
- ☐ MAINTAIN STABLE
- ☐ MAINTAIN SKIN /
- ☐ PREVENT FURTHER
- ☐ MAINTAIN / IMPROVE CIRCULATION
- ☐ INFECTION CONTROL

ADAMS, RODNEY

43328731 129-03-84 M 045Y

DOB: [REDACTED]

ETMC Tyler

43328731

Met	Met	Int

- ☐ meet EDUCATIONAL NEEDS
- ☐ Other

- ☐ HEATING
- ☐ DISTRESS
- ☐ I NEEDS
- ☐ NEEDS
- ☐ meet EDUCATIONAL NEEDS
- ☐ Other

Met	Met	Int

Int: N = documentation in nurses notes, other codes per Hospital Policy.

Time	Assessment	Interventions	Response	Notes
1910	PT to T2	Cardiac Monitor placed	—	MRN
1911	Succs 120 mg	W	—	MRN
1912	Versed 5 mg	W	—	MRN
1914	PT intubated @ 8.0	ETT, ⊕ color change	—	MRN
	24 @ lip	—	—	MRN
1920	18G @ hand x 1 stick	ē bld @ Cx's drawn	—	MRN
1922	EXG complete	1st @ Bx	—	MRN
1925	Cooling blanket placed	—	—	MRN
1930	Rectal Temp 107	—	—	MRN
1935	ICE packs placed	—	—	MRN
1940	PT to CT	trans to monitor	—	MRN
1942	2nd @ 100% O2	Bilub Started	—	MRN
2000	Arterial Yung	W-M	—	MRN
2005	Rectal Temp 106.2	MR	—	MRN
2025	BP 82/59 Ht 61, W 70, RR 15	—	—	MRN
2048	Mede as ordered	DR	—	MRN
2110	PT cleaned up	MR	—	MRN
	Sheet & Green pack	—	—	MRN
	placed @ [REDACTED]	—	—	MRN
2130	Flight crew here	MRN	—	MRN

Disposition: _____

Discharged in care of: _____ ☐ Amb ☐ W/C ☐ Stret ☐ Carried

Discharge instructions given to: _____ ☐ Verbalized understanding

Admit: Room #: _____ to Dr. _____ Ready for Room Time: _____

Report called at _____ and given to _____

Transferred to: ETMC ☐ Transfer Verified

Report called at 2155 and given to Lindsey W

☐ Left without treatment ☐ Left Against Medical Advice

Condition at Disposition: ☐ Improved ☐ Stable ☐ Serious ☐ Expired

Pain Scale: 0 Pain Location: Intubated

Patient reports that pain is: ☐ Improved ☐ Unchanged ☐ Worse

Disposition Vitals: T 103.7 P 68 R 15 BP 81/59 02/05/14

Disposition Date: 8/3/12 Time: 2130 Nurse: MRN

TY-ADAMS, RODNEY-Enc# 4332873

R-I-I-8/3/2012 ED Outside Medical Record.

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**EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD**

Palestine Regional Medical Center

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETMC Tyler

ADAMS, RODNEY
46YRS DOB [REDACTED] Sex M
TOOTE, PAUL PCP: NO LOCAL DOCTOR

Date in: 8/3/2012 PW: L00104029459
MFA: L000199921

Allergies: NKI

43328731

Site	Location	Gauge	Attempts	Initials	Complications / Comments	Date / Time
A	CATC	18	1	EMS		8-3-12
B	ICU	18	1	ML		

IV #1: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start 1930 Stop 2010 Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		
IV #2: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start 1942 Stop 2020 Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		
IV #3: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start 2000 Stop 2030 Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		
IV #4: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start 2021 Stop Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse		

Medication	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV	Push	Nurse
Medication Succs				Site A	Dose 12mg	Time 1914	IM	SUBQ	IV	Push	Nurse ML
Medication Versed				Site A	Dose 5mg	Time 1918	IM	SUBQ	IV	Push	Nurse ML
Medication Hiven				Site B	Dose 200	Time 1923	IM	SUBQ	IV	Push	Nurse ML
Medication Zofen				Site B	Dose 400	Time	IM	SUBQ	IV	Push	Nurse
Medication Hiven				Site B	Dose 200	Time	IM	SUBQ	IV	Push	Nurse

Influenza (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse
Pneumovax (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse
Hepatitis (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse
Other (Toxoid Name)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse

Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail

Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse
Medication				R <td>PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td></td>	PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td>	SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td>	INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td>	TOPICAL <td>Time given</td> <td>Nurse</td>	Time given	Nurse
Medication				R <td>PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td></td>	PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td>	SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td>	INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td>	TOPICAL <td>Time given</td> <td>Nurse</td>	Time given	Nurse
Medication				R <td>PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td></td>	PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td>	SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td>	INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td>	TOPICAL <td>Time given</td> <td>Nurse</td>	Time given	Nurse
Medication				R <td>PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td></td>	PO <td>SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td></td>	SL <td>INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td></td>	INHAL <td>TOPICAL <td>Time given</td> <td>Nurse</td> </td>	TOPICAL <td>Time given</td> <td>Nurse</td>	Time given	Nurse

Aerosol Medications	Time given	Patient Response	Nurse
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO			Nurse

Nursing #1 Signature: [Signature] Date / Time: 8-3-12

Nursing #2 Signature: [Signature] Date / Time: [Signature]

Rev. 1/5/2010

TY-ADAMS, RODNEY-Enc# 43328731

-I-I-8/3/2012 ED Outside Medical Records

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Enr	AS			INTREPID EMERGENCY MEDICAL SERVICE		
Trans	At Destination	Completed	822 LCR 828 DONIE, TX 75838 903 (903) 208-0691			
Date	Call Number	PT # of #	Name: Last, First	D.O.B.		
02/23/12	1007					
Chief Complaint						
ALLERGIES <input type="checkbox"/> NONE <input checked="" type="checkbox"/> wk			Physician			
MEDS <input type="checkbox"/> NONE <input checked="" type="checkbox"/> wk						
MEDICAL HISTORY <input type="checkbox"/> HTN <input type="checkbox"/> Nicotine User <input type="checkbox"/> Cancer <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Cardiac <input type="checkbox"/> CHF <input type="checkbox"/> Communicable Disease <input type="checkbox"/> COPD <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> WK						
PARAMEDIC ASSESSMENT	LOC	PRIMARY SURVEY	PUPILS	TEMP	Vital Signs	
	CHOOSE ONLY ONE <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Responds to Voice <input type="checkbox"/> Responds to Pain <input checked="" type="checkbox"/> Unresponsive	A <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Partial Obst. <input type="checkbox"/> Total Obst. B <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Labored <input checked="" type="checkbox"/> Rapid <input checked="" type="checkbox"/> Shallow <input type="checkbox"/> Absent C <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Weak <input checked="" type="checkbox"/> Bounding <input type="checkbox"/> Irregular <input type="checkbox"/> Absent	<input type="checkbox"/> PERIL <input checked="" type="checkbox"/> Other CERVICAL SPINE <input type="checkbox"/> Pain <input type="checkbox"/> Numbness <input type="checkbox"/> Tenderness <input type="checkbox"/> Motor Loss <input type="checkbox"/> N/A	<input type="checkbox"/> Normal <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Hot COLOR <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Rushed <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic SKIN <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Wet/Diaph.	Time P R BP Time P R BP	O2 SAT.
	WEIGHT					
	<input checked="" type="checkbox"/> lbs. <input type="checkbox"/> KG					
WNL N/A ABN PHYSICAL EXAM (COMMENTS)						
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Weakness - Location: <input type="checkbox"/> Decr. Sensation - Location:		
CVA SCALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Facial Droop <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Arm Drift		
HEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> JVD <input type="checkbox"/> TD		
CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LUNGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BACK / SPINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PELVIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Edema <input type="checkbox"/> Contractures: Upper Lower		
EKG MONITORING: Rhythm HR 70 R-I EKG CHANGES						
GENERAL TREATMENT/PROCEDURES / MEDS / IV / O2			RESULTS OF TREATMENT			
TIME						
50						
ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: [REDACTED] ETHNIC Tyler						
Narrative:						
Signature Cert. 2nd Attendant (Dr.) Cert. RN / LVN Accepting Pt.						

TY-ADAMS, RODNEY-Enc# 4332871 R-I-I-8/3/2012 ED Physician Documentatio. /4/2012--ER0014-5pg

ED Medication Orders



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: [REDACTED]
Med Rec#: 1290384
Account#: 43328731

Sex: Male
Age: 45 yr

MEDICATIONS	Time	Time
<input type="checkbox"/> Ativan _____ mg IV		
<input type="checkbox"/> Zofran _____ mg IV		
<input type="checkbox"/> Morphine _____ mg IV		
<input type="checkbox"/> Nubain _____ mg IV		
<input type="checkbox"/> Dilaudid _____ mg IV		
<input type="checkbox"/> KCL _____ mg IV		
<input type="checkbox"/> Protonix _____ mg IV		
<input type="checkbox"/> Nitro paste _____ " to chest wall		
<input type="checkbox"/> Nitro SAx3		
<input type="checkbox"/> ASA _____ mg po		
<input checked="" type="checkbox"/> IV Fluids <u>1L</u> ccrx KVO <u>1000</u>		
<input checked="" type="checkbox"/> NS		
<input type="checkbox"/> LR		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> IV Saline Lock		
<i>NaHCO₃ 2amp by AMO</i>		
<i>Moraine 1hr 500 1000 AMO</i>		
<i>Transfuse 1000 FFP.</i>		
<i>Vit K¹ 10u 500</i>		
<i>Cosmo 4.5 6 IV 1000</i>		
<i>Vancomycin 16 IV 1000</i>		
<i>Acid TCC</i>		
<i>Pl. Plt</i>		
<i>Ans</i>		
<i>Hypobon</i>		
<i>Hypertension</i>		

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETMC TYLER

Physician's Signature: [Signature] *16* *MD* *2353*

Page 1 of 1

Printed 8/3/2012 at 22:59

ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

TY-ADAMS, RODNEY-Enc# 4332873: -I-I-8/3/2012 ED Physician Documentation ./2012--ER0014-5pg

ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: [REDACTED]
Med Rec#: 1290384
Account#: 43328731

Sex: Male
Age: 45 yr

Chief Complaint

1. Medical Problem - Major

Basic Information

Vital signs:

Medications:

Allergies - intolerances:

Immunizations:

History limitation:

History of Present Illness

Time: 11/10 // Hx Pt / Spouse / S.O. / Father / Mother / Child / Guardian / Interp / Other // Amb: BLS ALS // Police
Per nurse notes / WNL / T / P / R / BP / SaO2 % /
Per nurse notes / None / Per list / Reconciled /
Per nursing notes: substances reactions / NKDA /
Per nurse notes: Influenza / Pneumococcal / Tetanus: less than 5 yrs 5-10 yrs more than 10 yrs never /
None / Clinical condition / Physical impairment / Cognitive impairment / Language barrier /
History of Present Illness: 7 days, severe pain in lower back & right arm & neck. Started 11/10.

Duration/Timing

Symptom duration:

Symptom course:

Symptom onset:

Location

Symptoms:

Quality/Severity

Symptom quality:

Modifying Factors

Exacerbating:

Mitigating:

Context

Prior similar symptoms:

Assoc Signs & Symos

Const:

Review of Systems

Eyes:

ENT:

CV:

Resp:

GI:

GU:

MS:

Skin:

Neuro:

Psych:

Endocrine:

Heme/Lymph:

Allergy/Immuno:

Other significant:

Past Medical History

Med:

Surg:

ED Physician Notes

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

TY-ADAMS, RODNEY-Enc# 43328731

-I-I-8/3/2012 ED Physician Documentation

'2012--ER0014-5pg

ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012

DOB: [REDACTED]

Sex: Male

Med Rec#: 1290384

Age: 45 yr

Account#: 43328731

Family History

FMR:

None / Neglect / Abuse / Living situation /

Social History

Social concerns:

None / Neglect / Abuse / Living situation /

Habits:

None / ETOH: occ reg amt _____ per day wk / Tobacco: occ reg _____ ppx _____ yrs /

Marijuana / Cocaine / Heroin / Amphetamines /

Limited by: Critical condition /

Examination

General:

NAD / Mild distress / Mod distress / Sev distress /

Skin:

WNL / Pale / Jaundice / Cyanotic / Mottled / Diaphoretic / Ashen / Tenting /

Erythema / Petechiae / Macules / Papules / Vesicles / _____ mm cm / Discrete / Confluent /

R / L / Hand / Arm / Lower leg / Thigh / Face / Scalp / Trunk / Genitalia /

Head:

Scalp:

WNL / R / L / Occipital / Parietal / Temporal / Frontal / Erythema / Bruises / Swelling / Tenderness /

Face:

WNL / R / L / Infraorbital / Cheek / Maxilla / Ethmoid / Jaw / Erythema / Bruises / Swelling / Tenderness /

Eyes:

WNL / PERRL / Scleral icterus / Abnl EOM / Nystagmus: hor vert / R / L Lid inflammation /

R / L Conjunctiva inflammation / Abnl pupil: R / L / R / L Papilledema / A - V nicking _____ /

ENT:

WNL / R / L TM: dull red bulging / R / L Nares: congestion blood / Dry mucous membranes /

Tongue: swelling bruising lesions / Pharynx erythema / R / L Tonsil: swelling exudate / Absent gag /

Neck:

WNL / Supple / Tenderness: spinous process paraspinal / Enlarged thyroid / Stiffness / Painful ROM /

Heart:

WNL / Reg rate & rhythm / Bradycardia / Tachycardia / Extra beats / Irregular / S3 / S4 /

Syst mur _____ /6 at _____, rad to _____ / Dias mur _____ /6 at _____, rad to _____ /

Respirations:

WNL / Slow / Rapid / Shallow / Labored / Retractions / Access. mus. use / Controlled vent. /

Lungs:

WNL / Clear / Diminished / Rhonchi: insp exp _____ / Rales: coarse fine insp exp _____ /

Wheezes: insp exp _____ / Stridor: insp exp / Pleural rub: insp exp _____ /

Abd:

WNL / Obese limiting exam / Soft / Scars _____ / Distended / Abnl bowel sounds _____ / Tenderness _____ /

Guarding _____ / Rebound _____ / Enlarged: liver spleen _____ cm / Mass _____ / Bruit _____ /

Rectal:

WNL / Deferred / Tenderness _____ / Hemorrhoids _____ / Prostate: _____ /

Mass _____ / Abnl color: blood streaked red black / Heme: pos neg q.c. ok / Decreased tone /

Genital:

WNL / Erythema / Vesicles / Discharge / Tenderness / Ulcer / Mass _____ cm / R / L / Glans / Shaft /

R / L Scrotum / Testis / Inguinal /

Back:

WNL / R / L / Thoracic / Lumbar / Midline / Paraspinal / CVA / Abrasion / Tenderness /

Extremities:

WNL / R / L / Hand / Arm / Foot / Ankle / Lower leg / Thigh / Tender / Swelling / Deformity / Edema _____ /

Neuro:

WNL / Alert / O x _____ / Decr LOC / Cognitive dysfunction / Abnl CNS II-XII / Aphasia - Dysarthria /

Motor deficit / Sensory deficit / Abnl cerebellar tests / Abnl gait /

Psych:

Appropriate / Depressed / Anxious / Agitated / Uncooperative / Combative /

Lymph:

WNL / R / L / Ant / Post / Neck / Axillary / Inguinal / Generalized /

Enlarged: nlin mod _____ cm / Tender: mild mod sev / Non-tender /

Perfusion (RL):

WNL / Warm x4 / Rad: (____) / Femoral: (____) / Pop: (____) /

D. Pedis: (____) / Post tib: (____) / Cap ref: (____secs____secs) /

Critical care:

Critical Care Note:

System at risk for life threatening failure: CNS / Upper airway / Respiratory / Cardiac / Circulatory / Hepatic / RenalAssociated problems: Hypertension / Hypotension / Stroke / Hypercarbia / Hypoxia / Bleeding / Dehydration /Metabolic changes / Arteritis / Arrhythmia / Infection / Post OP / Drug overdose / Trauma /

1 Procedures/Services** --- Cardiac monitor interp / Venipuncture / Arterial Puncture

CXR interp / NG placement / Vent management / Transcutaneous pacing / Defibrillation

2 Management: _____ Bedside management / Chest review / Recon review /Case discussion related to critical care / Case documentation /

Net Critical Care time (1 + 2)

** Exclusive of separately billed procedures (ET intubation, temporary transvenous pacing, elective cardioversion, chest tube, CPR, pericardiocentesis, tracheostomy, cricothyroidotomy, thrombolysis, IO line, central line, EKG interp)

Physician Signature _____ Collie A. Martino M.D.

Time (mins)
5
10
75



ED Physician Notes

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Page 2 of 2

Printed 8/3/2012 at 22:59

TY-ADAMS, RODNEY-Enc# 433287

MR-I-I-8/3/2012 ED Physician Documentation-8/4/2012--ER0014-Spg

ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



ETMC-ER (EMR)
1000 S. Beckham Ave.
Tyler, TX 75701
1-800-648-8141

Patient: ADAMS, RODNEY
Triage Date: August 3, 2012
DOB: [REDACTED]
Med Rec#: 1290384
Account#: 43328731

Sex: Male
Age: 45 yr

Additional Problem

1. Arterial Line Placement Note

Examination

Limited by: Clinical condition /

Arterial line:

Arterial Line Placement Note:		Preprocedure Verification
Indications: Continuous BP measurement / Repeated arterial blood sampling /		<input checked="" type="checkbox"/> Correct Pt, Proc. Site
		<input checked="" type="checkbox"/> Time out, Verbal confirm
Approach: R / L / Radial - Allen's test neg / Brachial / Dorsalis pedis / Femoral /		
Preparation: Topical Betadine / Sterile drapes /		
Anesthesia: None / 1% Lidocaine _____ mL subQ in area of placement /		
Technique: Percutaneous / Cut down / Catheter size: 18 _____ / Seldinger over wire /		
Transducer pulse wave: Good / Poor /		
Post procedure distal CMS: Normal / Unchanged / Decreased circulation / Weakness / Numbness /		
Patient tolerated procedure: Well / Moderately well / Poorly /		
Physician Initials: <u>CEA</u>		



ED Physician Notes

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

Page 1 of 1

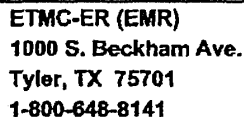
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Page 4 of 5

28 14

Chart by exception: Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



Age: 45 yr

43328731

Clinical Work-up

Cardiac Monitor Rate _____ / Rhythm: NSR _____ ST-TA - Ectopy _____
EKG Rate 89 / Rhythm: NSR SF ST-TA - Ectopy _____
original
PR: NL _____ / QRS: NL _____ / Axis: NL D / Previous EKG: N/Y / Unchanged / EP: Interp/Review
CBC NL except WBC _____ / Hgb _____ / Hct _____ / Platelets _____ / segs _____ / bands _____ / lymphs _____ / monos _____ / eos _____
Metabolic Profile NL except Na 130 / K 3.5 / Cl _____ / CO2 _____ / Glu _____ / Ca _____ / BUN 24 / Creat 2.2 / Albumin _____
Total Protein _____ / AST(SGOT) 40 / ALT(SGPT) 30 / Alkaline Phos 117 / Total Bilirubin _____
Cardiac Enzymes NL except CK 165 / CKMB 3 / Troponin I, TnI / PT _____ / INR _____ / PTT _____ Other _____
UA TN except WBC _____ / RBCs _____ / bacteria _____ / dip _____
Other Lab D-Stick _____ / HCG qual _____ / HCG quant _____ / Hemacult _____ / Amylase _____ / Lipase _____ / BNP _____ / D-Dimer _____
Other Lab I-Stat _____ 400 Other asm 274
X-ray (f) uns @ NL (2) 2.158/46/87.4/16.6 NL Interpreted by EP / Radiology
CP / MRI / US (NL) Reason Ordered

ED Course (Timing, Reason, Intervention, and Result)

Completed @ 12:30 Additional Dictation
Care Assumed at _____



Printed 8/3/2012 at 22:59 - Page 1 of 1

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ADAMS, RODNEY (40 - 55 yr M) Medical Problem - Major

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TY-ADAMS, RODNEY-Enc# 4332873. R-I-I-8/3/2012 eDischarge Summary-8/4/20. David I. Jones, MD-DC0002-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
DISCHARGE SUMMARY**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

DATE OF ADMISSION

08/03/2012

DATE OF DEATH

08/04/2012 at 1750 hours.

DISCHARGE DIAGNOSES

1. Heatstroke.
2. Disseminated intravascular coagulation secondary to above.
3. Respiratory failure requiring intubation and mechanical ventilation secondary to above.
4. Refractory shock.
5. Severe anemia.
6. Thrombocytopenia.
7. Severe coagulopathy.
8. Obtundation and severe brain injury.

CONSULTATIONS

Dr. Gary Gross, hematology/oncology.

OPERATIONS AND PROCEDURES

1. Central venous catheter insertion, right femoral vein.
2. Arterial catheter insertion, left radial artery.

DESCRIPTION

This 45-year-old white male who was confined to TDCC in Palestine area apparently developed severe hyperpyrexia with a temperature of 107.8 and had collapsed at the prison. He was found having seizure-like activity by the inmates. Apparently, he was retrieved by ambulance and taken to Palestine where his initial temperature was 107.8. He was intubated somewhere en route and stabilized, and then transferred here for higher level of care.

Upon arrival, he was severely "shocky". He was started on vasopressor therapy and admitted to the intensive care unit. He developed a severe coagulopathy and diffuse oozing from all orifices. His hemogram was severely abnormal. He was treated with broad spectrum antibiotic coverage

DISCHARGE SUMMARY

Page 1 of 2

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TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 eDischarge Summary-8/4/2012 David I. Jones, MD-DC0002-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
DISCHARGE SUMMARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

and he had been cooled adequately prior to admission.

He had severe neurologic injury and never regained consciousness. He remained in refractory shock throughout his hospital stay. He received a large amount of blood product and Dr. Gross was consulted to help with his evaluation.

His mother, the closest relative, indicated that she wanted no further resuscitative efforts late in the day after a large number of blood products were administered and the patient was showing no evident recovery. With that in mind, Dr. Gross and I determined that all ongoing care was futile, and therapy was stopped, specifically vasopressors and then mechanical ventilation, and he expired and was pronounced dead at 1750 hours.

cc:

TR: kxj JOB#: 111877917
DD: 08/04/2012 05:51 P
DT: 08/04/2012 07:02 P

DISCHARGE SUMMARY

Page 2 of 2

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TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 eFacesheet-8/3/2012--FA000. 49

East Texas Medical Center TYLER

ADMISSION RECORD-0100

***** Patient Information *****

Name-ADAMS, RODNEY DOB-[REDACTED] Age-045Y Sex-M Race-W
 Acc#-00043328731 Med Rec 129-03-84 Admit Date&Time-08/03/2012 23:52
 PatientType-I MedSrv-EMR NurseStation-POD1 Room#-M10 - A UserID-TY_SMIX
 Address-PO BOX 6400 CtyStZip-TENNESSEE COLONY, TX 75861
 Home Phone Number-903-9283118 County-ANDERSON
 Employer-INFORMATION NOT COLL Occupation-
 Admitting Doc-(43697)DIX-EMPERADOR, LI Attending Doc-(43697)DIX-EMPERADOR, LI

***** Guarantor Information*****

Name-ADAMS, RODNEY Relation-SELF Phone903-9283118
 Address-PO BOX 6400 CityStZip-TENNESSEE C, TX 75861
 Employer-INFORMATION NOT COLL Phone-

***** Emergency Contact1 *****

Name- Relation-
 Address- CityStZip-

***** Emergency Contact2 *****

Name- TDCJ, GURNEY UNIT Relation-OTHER
 Address-PO BOX 6400 CityStZip- TENNESSEE COLONY, TX 758

***** Insurance 1 *****

Name- UTMB CORRECTIONAL MANAGED CARE Number- 1960 Phone-
 Address- DIBOLL P-P-DIBOLL CityStZip-GALVESTON, TX 775551008
 Subscriber- ADAMS, RODNEY Soc-Sec-Num-
 Group#- DOS08032012 Policy#-1797921

***** Insurance 2 *****

Name- Number- Phone-
 Address- CityStZip-
 Subscriber- Soc-Sec-Num-
 Group#- Policy#-

===== End Of Data =====

TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 eHistory and Physical Repo. /4/2012-Lisa M. Dix-Emperador,
MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF ADMISSION
08/03/2012

HISTORY AND PHYSICAL

The patient was seen in the emergency room. The patient actually was transferred from an outlying institution. The patient actually is a 45-year-old white male who was actually incarcerated and was found down. By the time the patient had presented to the emergency room locally he apparently had a core temperature of 108 and was unresponsive. The patient was then stabilized. He was intubated, had IV fluid resuscitation. Continued to have an increased temperature of 108 and was completely unresponsive. In speaking with the police officers that were with him, they state that the patient was in a transfer facility and apparently 54 other inmates were there. Apparently the patient was up and about and had gotten something to eat and came back. He said he was a little bit dizzy and wanted to change up bunks and then when he went to lie down, they state that about 30 minutes later they found him seizing and then he became unresponsive.

PAST MEDICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY
Inability to obtain. As far as medical records as to whether this patient has any other history of hypertension or diabetes, no records were brought over from the transfer unit.

DATA

As far as his data, he did have a CT scan of his head and this was at 7:43 p.m. at the other institution which showed no intracranial bleed. No masses. There was no old CT for comparison. He had a tox screen there that was negative for marijuana, amphetamines, PCP, cocaine.

LABORATORY DATA AT THE OUTLYING INSTITUTION

Hemoglobin 12.6, hematocrit 37.9, platelet count 183. Platelets estimate were adequate. He had 33 segs, 1 band, 57 lymphs, 4 monos. The patient had a sodium of 131, potassium 5.9, chloride 98. CO2 23, anion gap 14.9, BUN 24, creatinine 2.2, total protein 7, albumin 3.0. Calcium 7.3, AST 40, and ALT 30. He had an alk phos of 117, CK 165. Osmolality calculated was 274, CK-MB 0.8. ETOH was less than 10.

PHYSICAL EXAMINATION

HISTORY AND PHYSICAL
Page 1 of 4

TY-ADAMS, RODNEY-Enc# 43328731 I-I-8/3/2012 eHistory and Physical Repo: '4/2012-Lisa M. Dix-Emperador,
MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

VITAL SIGNS: Basically, the patient on arrival here, temperature core was still up at 104. The patient was intubated. He had what looks like a traumatic intubation because he had a lot of increased blood about his orifice. He was saturating at 95% to 100% on a ventilator. The patient is unresponsive with dilated pupils bilaterally. Core temperature is still up at 104.

HEENT: Cervical collar is in place.

LUNGS: Diminished breath sounds throughout but clear. No rhonchi, no wheezes.

ABDOMEN: Benign.

RECTAL: Foley was in place.

SKIN: There was no evidence for ecchymotic areas or contusions of the abdomen.

EXTREMITIES: Are cool, pale.

GENITALIA: He has a Foley catheter in place. Urine is actually light in color and no real evidence for infection.

He did have an EKG in the butlying institution that showed supraventricular tachycardia at 189 beats/minute. A followup EKG monitor here still shows sinus tach at 110. Followup EKG is ordered.

LABORATORY DATA SINCE HE ACTUALLY ENDED UP HERE AT THIS INSTITUTION

Followup CT is pending. The patient has a rectal temperature of 104.4.

Pulse is still 168. Blood pressure is 96/61; 100% saturation on current

settings. His ABG on arrival: pCO2 of 45, pO2 of 90.6, total hemoglobin

1.4, sodium 34.7, potassium 5.0. Laboratory data significant for

creatinine kinase now at 11:23 p.m. of 13.21. CK-MB of 16.8%, troponin of

38. He has a BUN of 31, creatinine 1.5, AST 271. He has bilirubin of 1.8,

direct bilirubin of 0.85. He has total protein of 5.8, albumin 2.7,

calcium 6.6. He has a white blood count now of 19.8, hemoglobin 11.5,

platelet count of 57, bands of 12 and enucleated red blood cells of 10.

The patient is still unresponsive.

The patient was treated with Zosyn in the emergency room.

ASSESSMENT AND PLAN

1. Mental status. The patient was noted to be seizing. At this point the patient is unresponsive. Both pupils are dilated. Patient with significantly elevated core temperature at 108. Questionable if this

HISTORY AND PHYSICAL

Page 2 of 4

TY-ADAMS, RODNEY-Enc# 43328731- I-I-8/3/2012 eHistory and Physical Repoi 4/2012-Lisa M. Dix-Emperador,
MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

patient had a stroke, heat stroke, and then seizure, and then subsequent unresponsiveness. The first CT of the head was unremarkable. There was no evidence for brain swelling. At this point in time, the patient has had a significant amount of fluid resuscitation, so a followup CT without contrast has been initiated. Consult was also made to PSOT; was called in when the patient came in at 11:00 to this institution by Dr. Marino with Christine Porter being called.

2. Acute renal failure noted with elevation of his BUN and creatinine. Will continue IV fluid resuscitation. the patient will have his followup CT of the head.

3. Gastrointestinal. Patient with elevated transaminases consistent with shock liver. In addition, patient with DIC panel positive for _____ product from the patient most likely with multi-organ system shutdown.

4. Elevation of cardiac enzymes again, most likely with shocky organ systems. Will plan for an echo in the morning and evaluate LV-function, and when the patient has dilated, cardiomyopathy.

5. As far as his neuro status, will have neuro checks and then will also plan for an EEG in the morning to assess brain function.

6. Rectal Foley is in place, continue.

7. Supraventricular tachycardia noted. Could this patient have presented with a supraventricular tachycardia and then with decreased blood pressure? Will plan to have to have a followup EKG now if he is still having increased significant tachycardia. Will plan to go head and start a Cardizem drip.

8. Since there is some significant acidosis followup ABG with pH now of 7.15. Patient will be treated with 2 amps of bicarb. An ABG will be rechecked.

The family has now appeared and we will talk to the family before the patient goes up.

cc:

TR: dff JOB#: 111877202

HISTORY AND PHYSICAL

Page 3 of 4

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TY-ADAMS, RODNEY-Enc# 43328731 X-I-I-8/3/2012 eHistory and Physical Repo. 3/4/2012-Lisa M. Dix-Emperador,
MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DD: 08/04/2012 01:04 A
DT: 08/04/2012 03:32 A

HISTORY AND PHYSICAL

Page 4 of 4

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ETMC - TYLER-2W B ROUTINE RECORD

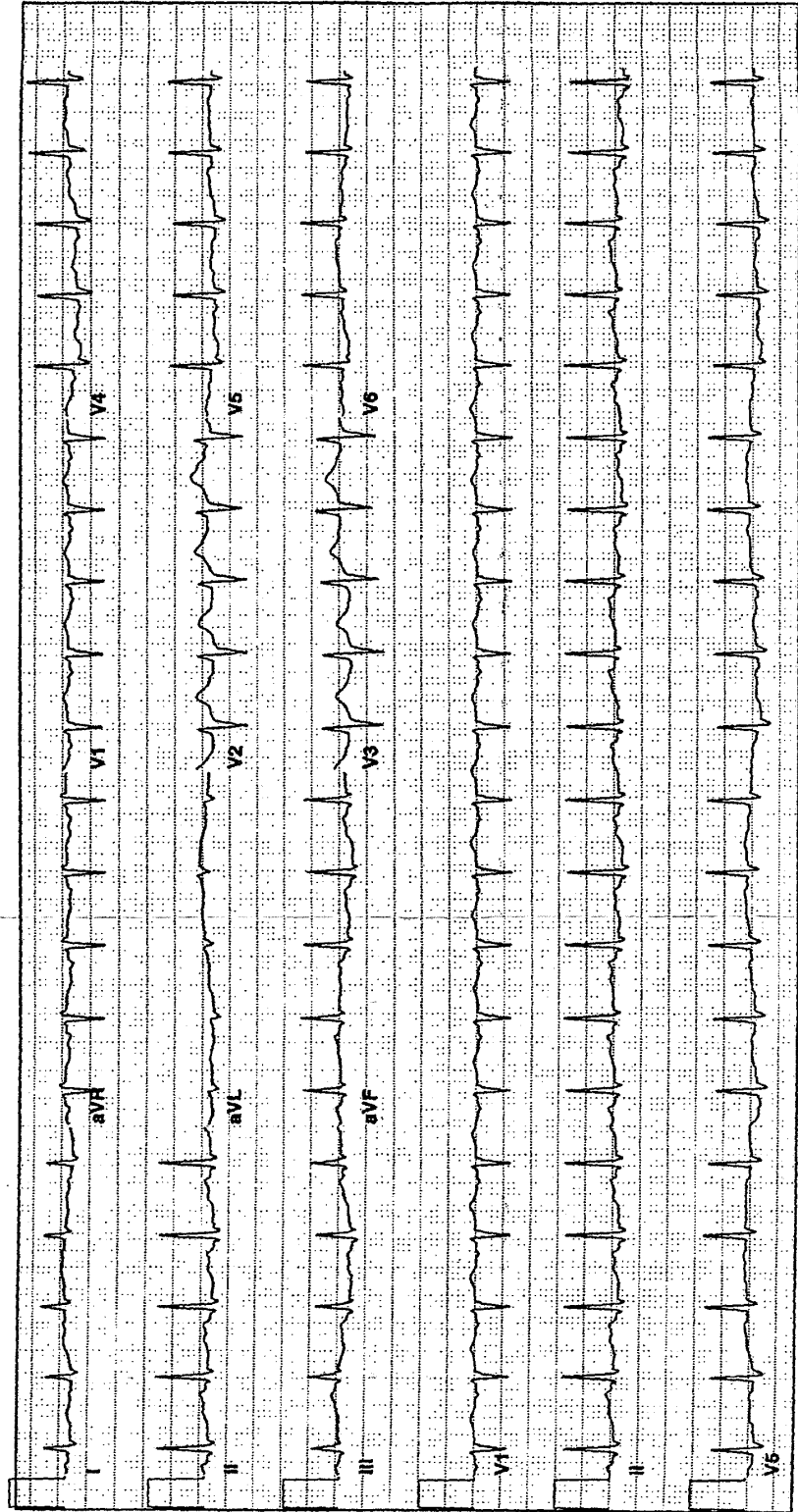
04-AUG-2012 07:48:50

ID:001290384

ADAMS, RODNEY

02-OCT-1966 (45 yr)
Male CaucasianRoom:2262
Loc:11Vent. rate 117 BPM
PR interval 144 ms
QRS duration 100 ms
QT/QTc 366/510 ms
P-R-T axes 67 68 46Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG
No previous ECGs availableTechnician: LIDIA RODRIGUEZ
Test Ind: METABOLIC

Referred by: SIGNAL Newly Acquired



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 HD CID: 44

SID: 080542102 EID: Newly Acquired EDT: ORDER: 1731047 ACCOUNT: 00043328731
Page 1 of 1Copy of OIG case to Litigation Support on 04.19.2013 by ce.
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TY-ADAMS, RODNEY-Enc# 4332873. R-I-I-8/3/2012 ePhysician Progress Note-8-/2012-David I. Jones, MD-PN0014 1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

DATE OF PROGRESS NOTE

08/04/2012

SUBJECTIVE

The patient has continued to do poorly all afternoon. His blood pressure has drifted down. He is now on multiple pressors including epinephrine, still with marked hypotension and shock.

OBJECTIVE

He has received a huge amount of blood products throughout the day and even after all that, his hemoglobin is back down to 5, his platelets are at 60,000, and his coags still are markedly abnormal. He continues to ooze diffusely. Neurologically he showed no significant change and is unresponsive.

ASSESSMENT

I have discussed this with his mother who requests that all efforts be stopped and he be allowed to die. I concur with that given the severity of his condition and the likelihood of death. I have discussed this with Dr. Gross who also concurs regarding futility of care.

PLAN

With that in mind, we will stop all pressors and then stop mechanical ventilation. Do Not Resuscitate status has already been issued, and all therapies will be stopped at this time.

cc:

TR: mah JOB#: 111877881

DD: 08/04/2012 04:58 P

DT: 08/04/2012 05:06 P

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:54 -05:00

TYLER PROGRESS NOTES

Page 1 of 2

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TY-ADAMS, RODNEY-Enc# 43328731- I-I-8/3/2012 ePhysician Progress Note-8, 12-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

TYLER PROGRESS NOTES
Page 2 of 2

Page 2 of 2

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

The patient remains critically ill. I saw him at 0245 hours last night for quite some time and then I am seeing him again today. He remains critically ill.

PHYSICAL EXAMINATION

GENERAL: Currently, he is on mechanical ventilation and is severely ill.

VITAL SIGNS: His temperature dropped to the 94.5 range. Blood pressure is 100/82 with a heart rate of 115 and respiratory rate of 24 on mechanical ventilation. He is quite edematous and has multiple areas of contusion and bleeding. He is bleeding from different orifices and these are addressed with a tamponade of some sort.

SKIN: Warm and dry without rash.

HEENT: Endotracheal tube and nasogastric tube with bleeding around the area and around the mouth. He has his nasal tamponades or tampons.

NECK: Supple, but he is still in a cervical collar.

CHEST: Reveals a few scattered crackles, but otherwise was clear.

HEART: Regular rhythm and rate without murmur, rub or gallop, but tachycardic.

ABDOMEN: Large, obese, nontender.

GENITOURINARY: Foley catheter.

EXTREMITIES: Mildly edematous. There is significant swelling of the right forearm, but no evidence of compartment syndrome at this time with good pulses.

NEUROLOGIC: Reveals him to be minimally responsive. He is initially fixed and dilated, but his pupils now have been reduced to 2 to 3 mm and they are reactive. Neurologically I can get no other response from him.

CURRENT VENTILATOR SETTINGS

Assist control of 22, tidal volume 650, PEEP of 5, FiO2 0.50.

FLUIDS

Include D5W at 80, Levophed at 30 mcg/kg/min, _____ at 290 mcg/kg, _____ 0.04 units per minute and a Protonix drip.

CURRENT LABORATORY

Quite abnormal with a recent blood gas with pH 7.16, pCO2 of 48, PO2 of 300. CPK is elevated at 1355 with a troponin of 35. INR is greater than 34 and D-dimer is greater than 69,000. Hemoglobin is reduced to 11 after transfusion; it was 6.9 earlier.

TYLER PROGRESS NOTES

Page 1 of 2

TY-ADAMS, RODNEY-Enc# 43328731 I-I-8/3/2012 ePhysician Progress Note-8, 012-David I. Jones, MD-PN0014-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
TYLER PROGRESS NOTES**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

SUMMARY

He remains severely and critically ill. His overall prognosis is extremely poor and this has been communicated to the family. I will order labs. I will ask Dr. Gary Gross, hematology/oncology, to see him today regarding help with his coagulopathy.

The cause of this is unclear. It looks like this may be all related to heat stroke, given his initial temperature of 107.9. I do not find evidence at this time to suggest neuroleptic malignant syndrome or TTP. There is no indication of poisoning at this time. I suspect that this is all a consequence of hyperpyrexia initiating a sepsis-type cascade with severe coagulopathy and resultant findings. His overall prognosis once again, it quite poor, but at this time we will continue in the short term. I will discuss this with his family.

Critical care time 40 minutes.

cc:

TR: kmb JOB#: 111877581
DD: 08/04/2012 11:21 A
DT: 08/04/2012 01:42 P

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:56 -05:00

TYLER PROGRESS NOTES
Page 2 of 2

TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 ePulmonary Report-8/4/2012 id I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF PROCEDURE
08/04/2012

PROCEDURE PERFORMED
Right femoral triple lumen central line placement.

TECHNIQUE IN DETAIL

After informed consent, the patient's right femoral region was prepped and draped in the usual sterile fashion. 1% Xylocaine was used for local anesthesia. Using the modified Seldinger technique, the right femoral vein was cannulated without difficulty. A guidewire was placed and the needle was removed. Over the guidewire, a dilator was placed. This was then removed and a triple lumen catheter was placed over the guidewire into position without difficulty. The guidewire was removed. All ports were aspirated and flushed. The catheter was then sutured into position. Sterile dressing was applied. The patient tolerated the procedure well.

Procedure was performed by Dr. David Jones with adequate placement of a right femoral triple lumen. Sutured in place without any difficulty. No complications.

Dictated by Christine Porter, ACNP

cc:

TR: ddp JOB#: 111877211
DD: 08/04/2012 03:47 A
DT: 08/04/2012 10:33 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:58 -05:00

PULMONARY
Page 1 of 2

TY-ADAMS, RODNEY-Enc# 4332873 R-I-I-8/3/2012 ePulmonary Report-8/4/201 .vid I. Jones, MD-TH0001-lpg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

PULMONARY
Page 2 of 2

Page 2 of 2

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TY-ADAMS, RODNEY-Enc# 4332873 R-I-I-8/3/2012 eRadiology Report-8/3/201. Chest 1 View-RA0001-1pg

East Texas Medical Center

Imaging Services Consultation

1000 South Beckham Tyler Texas. 75701 * (903) 531-8200

Page 1

PATIENT NAME: ADAMS, RODNEY
ADAMS, RODNEY

MRN: 000001290384

ACCESSION#: 6430992

SEX: MALE AGE: 45

DATE OF BIRTH: [REDACTED]

NS#: POD1

BED: M10 A

PATIENT TYPE (Major/Minor): E/E

ACCT#: 43328731

Preliminary Report

Order Num 90001 by COLIN MARINO on Aug 3 2012 11:00PM

PROCEDURE: XR Chest 1 View

REASON FOR PROCEDURE: PALPITATIONS

PROCEDURE DICTATED: CHEST ONE VIEW

INDICATIONS: Palpitations.

RESULTS: Upright chest reveals endotracheal tube and nasogastric tube are in good position. Linear atelectatic changes are seen in both bases. No pneumothorax is seen. Pulmonary vascularity is normal.

IMPRESSION:

Linear atelectatic changes at both bases. No dense consolidation seen.

Endotracheal tube and nasogastric tube are in good position.

Accession Number: 6430992

Interpreting Physician: JOHN P ANDREWS MD ID#: 000380

Dictated on: Aug 3 2012 11:14PM

Transcribed by / Date: on

Approved Electronically by / Date: /

Distribution:

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END OF REPORT

TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 OneChart ED Nursing Assess. 8/4/2012--ER0012-1pg

Assessment Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm Date:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch Date:			
Entity:	0100 - Tyler		
Dx:			

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
Collected By	Hill/Amanda B RN	Hill/Amanda B RN	Hill/Amanda B RN	Hill/Amanda B RN	Hill/Amanda B RN	Hill/Amanda B RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
ED Room Placement Date	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012
IV Prior to Arrival 1					Yes	
Chief Complaint	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE
IV1 - Type	Saline Lock	Saline Lock			Saline Lock	
Unable to assess patient			Yes		Yes	
Chief Complaint	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE	TX HYPERTHERMIA/M/ SEIZURE
Location	Right	Right			Right	
IV1 - Site	Antecubital	Antecubital			Antecubital	
BP						96/61
Pulse						168 'HH'
Size	.20G				18G	
Respirations						14
O2 Saturation (%)						100
IV Prior to Arrival 2					Yes	
O2 Delivery Device						Ventilator
Mode of Arrival Adm					Air Transport - Non - ETMC	
IV #2 Type	Saline Lock				Saline Lock	
Accompanied By					Self	
Temperature						101.4 F 'H'

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

MRN: 1290384

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Assessment Report
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TY-ADAMS, RODNEY-Enc# 4332873: -I-I-8/3/2012 OneChart ED Nursing Assess -8/4/2012--ER0012-1pg

Assessment Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm Date:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch Date:			
Entity:	0100 - Tyler		
Dx:			

	08/04/12 02:17	08/04/12 02:12	08/04/12 00:38	08/04/12 00:16	08/03/12 23:00	08/03/12 22:56
Collected By	Hill/Amanda[B]RN	Hill/Amanda[B]RN	Hill/Amanda[B]RN	Hill/Amanda[B]RN	Hill/Amanda[B]RN	Hill/Amanda[B]RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Site						Rectal
Location	Left				Left	
Historian					Paramedic/EMS Provider	
Out of ED Date/Time				08/04/2012 01:00		
Patient Disposition				Intensive Care		
IV #2 Site	Forearm				Antecubital	
Size	20G				18G	
Condition on Discharge				Stable		
Triage Level Key	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent	1 - Resuscitation 2 - Emergent 3 - Urgent 4 - Semi-Urgent 5 - Non-Urgent
Departure Mode				Stretcher		
Escorted By				Law Enforcement		
Triage Date/Time	08/04/2012 02:17	08/04/2012 02:12	08/04/2012 00:38	08/04/2012 00:16	08/03/2012 23:00	08/03/2012 22:56
ED Room Placement Date	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012	08/03/2012
Admit Room No.				2262		
Location		Radial, Left				
Insertion Date		08/04/2012				
Tubing Date		08/04/2012				
Site Appearance		No complications				
Calibration Performed		Yes				

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

MRN: 1290384

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Assessment Report

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Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	[REDACTED]	Age/Sex:	45Y/M
Adm Date:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch Date:			
Entity:	0100 - Tyler		
Dx:			

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TY-ADAMS, RODNEY-Enc# 4332873: I-I-8/3/2012 OneChart ED Physician Order 3/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Admit/Discharge/Transfer

Order Sub Type: Admission

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034189	08/03/12 23:38	Admitting Physician - dix	Active	COLIN A MARINO, MD
	08/03/12 23:38			

Instructions: dix

2034337	08/03/12 23:38	Admit To Medical/Surgical ICU	Active	COLIN A MARINO, MD
	08/03/12 23:38			

Order Type: Cardiology

Order Sub Type: Echo

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034702	08/04/12 00:24	Echocardiogram Complete	Complete	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Cardiology

Order Sub Type: EKG

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034188	08/03/12 23:27	EKG STAT Palpitations	Active	COLIN A MARINO, MD
	08/03/12 23:27			
2034703	08/04/12 00:24	EKG Metabolic Abnormalities	Active	LISA M DIX, MD
	08/04/12 00:24			

Order Type: Clinical

Order Sub Type:

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034336	08/03/12 23:38	Diagnosis - ams, hyperthermia, dic,	Active	COLIN A MARINO, MD
	08/03/12 23:38			

Comments: ams, hyperthermia, dic,

2034559	08/04/12 00:24	Diagnosis - DIC, hyperthermia coma	Active	LISA M DIX, MD
	08/04/12 00:24			

Comments: DIC, hyperthermia coma

Order Type: Code Status

Order Sub Type: Code_Status

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034340	08/03/12 23:38	Code Status Full Code	Active	COLIN A MARINO, MD
	08/03/12 23:38			
2034560	08/04/12 00:24	Full Code	Active	LISA M DIX, MD
	08/04/12 00:24			

Pt Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Consult

Order Sub Type: Specialist Service Request

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034911	08/04/12 01:18 08/04/12 01:18	Consult: Critical Care - DAVID I JONES, MD called to C	Active	LISA M DIX, MD

Instructions: called to Christine Porter at 11pm by Dr. Moreno from ER

Order Type: Dietary

Order Sub Type: Oral

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034590	08/04/12 00:24 08/04/12 00:24	Diet, NPO	Active	LISA M DIX, MD

Order Type: Laboratory

Order Sub Type: Chemistry

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033979	08/03/12 22:38 08/03/12 22:38	Hepatic Function Panel (Liver) STAT	Complete	COLIN A MARINO, MD
2033982	08/03/12 22:36 08/03/12 22:36	CMP STAT	Complete	COLIN A MARINO, MD
2034186	08/03/12 23:27 08/03/12 23:27	CKMB (Includes CK,CKMB, Index) STAT	Complete	COLIN A MARINO, MD
2034187	08/03/12 23:27 08/03/12 23:27	Troponin-I STAT	Complete	COLIN A MARINO, MD
2034344	08/03/12 23:38 08/03/12 23:38	CKMB (Includes CK,CKMB, Index)	Canceled	COLIN A MARINO, MD
2034345	08/03/12 23:38 08/03/12 23:38	Troponin-I	Canceled	COLIN A MARINO, MD
2034511	08/04/12 05:30 08/04/12 05:30	CKMB (Includes CK,CKMB, Index)	In progress	
2034512	08/04/12 05:30 08/04/12 05:30	Troponin-I	In progress	
2034594	08/04/12 00:24 08/04/12 00:24	B-Type Natriuretic Peptide (BNP) STAT	Complete	LISA M DIX, MD
2034595	08/04/12 00:24 08/04/12 00:24	Lipid Profile STAT	Complete	LISA M DIX, MD

Order Type: Laboratory

Order Sub Type: Coagulation

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
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Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

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MRN: 1290384

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TY-ADAMS, RODNEY-Enc# 4332873 R-I-I-8/3/2012 OneChart ED Physician Order --8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Laboratory

Order Sub Type: Coagulation

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033977	08/03/12 22:36 08/03/12 22:36	aPTT STAT	In progress	COLIN A MARINO, MD
2033978	08/03/12 22:36 08/03/12 22:36	Prothrombin Time (PT) STAT	In progress	COLIN A MARINO, MD
2033980	08/03/12 22:36 08/03/12 22:36	D-Dimer, Quantitative STAT	In progress	COLIN A MARINO, MD
2033983	08/03/12 22:38 08/03/12 22:38	Fibrinogen Degradation Products (FDP) STAT bleeding	Complete	COLIN A MARINO, MD

Instructions: bleeding

Order Type: Laboratory

Order Sub Type: Hematology

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033981	08/03/12 22:36 08/03/12 22:36	CBC STAT	Complete	COLIN A MARINO, MD
2034596	08/04/12 00:24 08/04/12 00:24	Sedimentation Rate STAT	Complete	LISA M DIX, MD

Order Type: Laboratory

Order Sub Type: Microbiology

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033971	08/03/12 22:36 08/03/12 22:36	Culture, Blood STAT Prior to antibiotics	In progress	COLIN A MARINO, MD
2033972	08/03/12 22:36 08/03/12 22:36	Culture, Blood STAT Prior to antibiotics	In progress	COLIN A MARINO, MD
2033973	08/03/12 22:36 08/03/12 22:36	Culture, Urine STAT	In progress	COLIN A MARINO, MD
2034557	08/04/12 00:24 08/04/12 00:24	Culture, Blood	Canceled	LISA M DIX, MD
2034558	08/04/12 00:24 08/04/12 00:24	Culture, Blood	Canceled	LISA M DIX, MD
2034597	08/04/12 00:24 08/04/12 00:24	Culture, Blood STAT Prior to antibiotics	Canceled	LISA M DIX, MD
2034598	08/04/12 00:24 08/04/12 00:24	Culture, Blood STAT Prior to antibiotics	Canceled	LISA M DIX, MD
2034599	08/04/12 00:24 08/04/12 00:24	Gram Stain	In progress	LISA M DIX, MD

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

MRN: 1290384

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Orders Report

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TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 OneChart ED Physician Order /4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Laboratory

Order Sub Type: Transfusion Services

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033974	08/03/12 22:36 08/03/12 22:36	Type And Screen STAT	Complete	COLIN A MARINO, MD
2034130	08/03/12 23:23 08/03/12 23:23	Blood Product - Fresh Frozen Plasma (FFP) STAT A fa	Complete	COLIN A MARINO, MD
2034741	08/04/12 00:42 08/04/12 00:42	Blood Product - Fresh Frozen Plasma (FFP) dic A facto	In progress	LISA M DIX, MD
2034742	08/04/12 00:42 08/04/12 00:42	Blood Product - Pheresis Platelet ASAP dic Bleeding In	Complete	LISA M DIX, MD

Order Type: Laboratory

Order Sub Type: Urinalysis

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034600	08/04/12 00:24 08/04/12 00:24	Urinalysis with Microscopic, If Indicated	In progress	LISA M DIX, MD

Order Type: Medication/IV

Order Sub Type:

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034045	08/03/12 23:23	DEXTROSE 5%-WATER (250 ML bag) NOREPINEPH	Discontinue	
2034086	08/03/12 23:23 08/03/12 23:50	DEXTROSE 5%-WATER (250 ML bag) NOREPINEPH	Discontinue	
2034347	08/03/12 23:38	Protonix 40mg IV Complex Dose Intravenous QD Now F	Active	COLIN A MARINO, MD
2034348	08/03/12 23:38	ONDANSETRON (ZOFTRAN) 4 MG = 2 ML Intravenous	Validated	COLIN A MARINO, MD
2034621	08/04/12 00:20 08/04/12 00:20	PHENYLEPHRINE 60 MG IN SALINE (250 ML bag) In	Validated	
2034622	08/04/12 00:21 08/04/12 00:21	SODIUM BICARB 8.4% ABBOJECT 100 MEQ = 100 M	Validated	
2034711	08/04/12 00:24	INSULIN, ASPART (NovoLOG) Sliding Scale Subcutan	Validated	LISA M DIX, MD
2034714	08/04/12 00:24	labetalol (laBETalol) 10 mg = 2 mL Intravenous Q1H PF	Active	LISA M DIX, MD
2034717	08/04/12 00:24	ONDANSETRON (ZOFTRAN) 4 MG = 2 ML Intravenous	Validated	LISA M DIX, MD
2034745	08/04/12 00:42	dextrose 5% in water (D5W) (1000 mL bag) sodium bic	Active	LISA M DIX, MD
2034751	08/04/12 00:42 08/04/12 00:42	sodium bicarbonate (SODIUM BICARB 8.4% ABBOJECT)	Active	LISA M DIX, MD
2034884	08/04/12 01:35 08/04/12 01:35	DEXTROSE 5%-WATER (250 ML bag) EPINEPHRINE	Validated	
2035039	08/04/12 02:14 08/04/12 02:14	NOREPINEPHRINE (LEVOPHED) 4 MG = 4 ML Intrav	In progress	

Pt Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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TY-ADAMS, RODNEY-Enc# 4332873: I-I-8/3/2012 OneChart ED Physician Order 3/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Medication/IV

Order Sub Type:

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2035086	08/04/12 02:15 08/04/12 02:15	VANCOMYCIN 1000 MG = 1 VIAL Intravenous ONCE	In progress	
2035087	08/04/12 02:16 08/04/12 02:16	PHENYLEPHRINE (NEOSYNEPHRINE) 50 MG = 5 ML	In progress	
2035088	08/04/12 02:17 08/04/12 02:17	PHYTONADIONE (AQUAMEPHYTON) 10 MG = 1 ML	In progress	

Order Type: Medication/IV

Order Sub Type: Drip IV

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034190	08/03/12 23:38	norepinephrine bitartrate (LEVOPHED) 4 mg in dextros	Active	COLIN A MARINO, MD
2035096	08/04/12 02:22	vasopressin (PITRESSIN) 50 UNIT in sodium chloride	Active	MISTI E RILEY, RN

Order Type: Medication/IV

Order Sub Type: Injectable

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034346	08/03/12 23:38	SODIUM CHLORIDE 0.9% (1000 ML bag) Intravenous	Validated	COLIN A MARINO, MD
2034623	08/04/12 00:22 08/04/12 00:52	PIPERACILLIN-TAZOBACTAM (ZOSYN) 4.5G Intrave	Validated	
2034722	08/04/12 00:42	piperacillin-tazobactam 3.375 g Intravenous Q6H	Active	LISA M DIX, MD
2034723	08/04/12 00:42	clindamycin 900 mg/50 mL D5W Intravenous Q8H	Active	LISA M DIX, MD
2034724	08/04/12 00:42 08/04/12 00:42	vancomycin 1000 mg/200 mL D5W Intravenous ONE T	Active	LISA M DIX, MD

Order Type: Nursing

Order Sub Type: Activity

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034591	08/04/12 00:24 08/04/12 00:24	Bedrest: Strict	Active	LISA M DIX, MD

Order Type: Nursing

Order Sub Type: Assessment

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034579	08/04/12 00:24 08/04/12 00:24	Assess Neurological Status every 1 hour	Active	LISA M DIX, MD
2034582	08/04/12 00:24 08/04/12 00:24	Assess Patient Weight Daily	Active	LISA M DIX, MD
2034583	08/04/12 00:24 08/04/12 00:24	Assess Intake and Output Q1 Hour	Active	LISA M DIX, MD

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

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MRN: 1290384

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TY-ADAMS, RODNEY-Enc# 4332873

R-I-I-8/3/2012 OneChart ED Physician Order -8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Nursing**Order Sub Type: Communication**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034338	08/03/12 23:38 08/03/12 23:38	Notify Attending on arrival to nursing unit	Active	COLIN A MARINO, MD
2034339	08/03/12 23:38 08/03/12 23:38	All Care Transferred to Attending MD	Active	COLIN A MARINO, MD
2034342	08/03/12 23:38 08/03/12 23:38	Notify if Pulse Oximetry Less than 92%	Active	COLIN A MARINO, MD
2034580	08/04/12 00:24 08/04/12 00:24	Titrate O2 via Nasal Cannula for Sat > or equal to 92%	Active	LISA M DIX, MD
2034586	08/04/12 00:24 08/04/12 00:24	Urinary Cath Protocol	Active	LISA M DIX, MD
2034587	08/04/12 00:24 08/04/12 00:24	Maintain urinary catheter due to strict intake and output	Active	LISA M DIX, MD
2034588	08/04/12 00:24 08/04/12 00:24	Maintain urinary catheter due to total bedrest	Active	LISA M DIX, MD
2034589	08/04/12 00:24 08/04/12 00:24	Notify attending for abnormal CK / CKMB / Troponin res	Active	LISA M DIX, MD
2034705	08/04/12 00:24 08/04/12 00:24	Hypoglycemia Protocol	Active	LISA M DIX, MD
2034706	08/04/12 00:24 08/04/12 00:24	Potassium Protocol Nursing Communication	Active	LISA M DIX, MD
2034707	08/04/12 00:24 08/04/12 00:24	Trauma Electrolyte Protocol	Active	LISA M DIX, MD
2034709	08/04/12 00:24 08/04/12 00:24	Oral Care Protocol	Active	LISA M DIX, MD
2034710	08/04/12 00:24 08/04/12 00:24	Urinary Cath Protocol	Active	LISA M DIX, MD
2034743	08/04/12 00:42 08/04/12 00:42	Transfuse 2 Units each over 30 minutes	Active	LISA M DIX, MD
Instructions: each over 30 minutes				
2034744	08/04/12 00:42 08/04/12 00:42	Post transfusion labs (Specify) Nurse, Order requested	Active	LISA M DIX, MD

Instructions: Nurse, Order requested lab in OneChart when Transfusion completed.

Order Type: Nursing**Order Sub Type: Precaution**

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034577	08/04/12 00:24 08/04/12 00:24	Precaution, Aspiration	Active	LISA M DIX, MD

Pt. Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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ORE_X0AQ_0148_DSCH_LYNX.rpt version v1.00

Adm Date: 08/03/2012

Generated By: EDR

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TY-ADAMS, RODNEY-Enc# 43328731 X-I-I-8/3/2012 OneChart ED Physician Order--8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Nursing

Order Sub Type: Treatment

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034578	08/04/12 00:24 08/04/12 00:24	Apply Sequential Compression Device	Active	LISA M DIX, MD
2034584	08/04/12 00:24 08/04/12 00:24	Place Gastric Tube to Low Intermittent Suction	Active	LISA M DIX, MD
2034585	08/04/12 00:24 08/04/12 00:24	Insert Urinary Catheter (Indwelling)	Active	LISA M DIX, MD
2034701	08/04/12 00:24 08/04/12 00:24	Saline Lock x 2	Active	LISA M DIX, MD
2034754	08/04/12 00:55 08/04/12 00:55	Apply Cooling Blanket d/c blanket when temp is less th	Active	LISA M DIX, MD

Instructions: d/c blanket when temp is less than 100.5

Order Type: Radiology

Order Sub Type: CT Scan

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034721	08/04/12 00:42 08/04/12 00:42	CT Head WO Contrast 20% Decrease In BP	Active	LISA M DIX, MD

Order Type: Radiology

Order Sub Type: DX Radiology

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033975	08/03/12 22:36 08/03/12 22:36	XR Chest 1 View STAT Palpitations	Complete	COLIN A MARINO, MD
2034704	08/05/12 05:00 08/05/12 05:00	XR Chest 1 View AM Routine Cardiogenic Shock	Active	LISA M DIX, MD

Order Type: Respiratory

Order Sub Type: BIPAPCPAP

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034592	08/04/12 00:24 08/04/12 00:24	CPAP	Discontinue	LISA M DIX, MD

Order Type: Respiratory

Order Sub Type: Diagnostic

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2033976	08/03/12 22:36 08/03/12 22:36	ABG with co-oximetry on room air STAT	Complete	COLIN A MARINO, MD
2034027	08/04/12 03:00	ABG with Co-oximetry and Electrolytes Q24H (TIMED)	Active	Allison M Sanders, RRT

Pt Name: ADAMS, RODNEY

MRN: 1290384

Orders Report

Entity: Tyler

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ORE_X0AQ_0148_DSCH_LYNX.rpt version v1.00

Adm Date: 08/03/2012

Generated By: EDR

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TY-ADAMS, RODNEY-Enc# 4332873. 3-I-I-8/3/2012 OneChart ED Physician Order--8/4/2012--ER0037-1pg

Orders Report

Pt Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:		Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Dsch DTime:			
Entity:	0100 - Tyler		
Dx:			

Order Type: Respiratory

Order Sub Type: Diagnostic

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034593	08/04/12 00:24 08/04/12 00:24	ABG in 60 minutes and call results	Discontinue	LISA M DIX, MD
2034725	08/04/12 00:52 08/04/12 00:52	ABG with Co-oximetry and Electrolytes	Complete	LISA M DIX, MD

Instructions: after the 100 meq ivp bicarbonate

Order Type: Respiratory

Order Sub Type: Treatment Respiratory

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034581	08/04/12 00:24 08/04/12 00:24	Pulse Oximetry continuous	Discontinue	LISA M DIX, MD
2034708	08/04/12 00:24 08/04/12 00:24	Bronchodilator Protocol Treatment	Discontinue	LISA M DIX, MD
2034749	08/04/12 00:53	Bronchodilator Protocol Treatment PRN	Active	Allison M Sanders, RRT

Order Type: Respiratory

Order Sub Type: Ventilator

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034028	08/04/12 01:00	tyVentilator - Standard RTQ3H&PRN	In progress	Allison M Sanders, RRT

Order Type: Vital Signs

Order Sub Type: Monitoring

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
2034341	08/03/12 23:38 08/03/12 23:38	Vital Signs every 4 hrs	Active	COLIN A MARINO, MD
2034343	08/03/12 23:38 08/03/12 23:38	Temperature: Every 4 hrs x 3 then every 8 hrs	Active	COLIN A MARINO, MD
2034576	08/04/12 00:24 08/04/12 00:24	Vital Signs per unit protocol	Active	LISA M DIX, MD

Pt Name: ADAMS, RODNEY

Entity: Tyler

Adm Date: 08/03/2012

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MRN: 1290384

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TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 Other ED Document-8/4/2012 0036-1pg

ADAMS, RODNEY
43328731 129-03-84 M 045Y
DOB: [REDACTED] ETMC Tyler
43328731

Critical Value Verbal Report
(please print)


Patient's Name: _____
Date received: 8/3/12 Time: 0053
Critical Value Results: TRAPN 28.0
☒ Value Read Back
Caregiver's Name: Sammy B.
Title: RN
Time physician paged: _____
Time of verbal contact w/physician: _____
Name of physician notified: _____
☐ Physician notification not required.

575-0044

TY-ADAMS, RODNEY-Enc# 4332873. I-I-8/3/2012 Outside Medical Document-6. 2012--EX0002-3pg

Central Logic - Patient: RODNEY ADAMS

Page 1 of 1

 FIRSTCOMM TRANSFER REPORT	
SUMMARY: CALL #150008 Printed on 08/03/2012 20:25	
INITIATED by BORUNDA, GABRIEL (08/03/2012 20:02)	Status: OPENED by BORUNDA, GABRIEL (08/03/2012 20:24)
TRANSFER Case Status: Active	
Patient ADAMS, RODNEY PO BOX 6400 TENNESSEE COLONY, TX 75861 Phone (903) 928-3118	Next of Kin No information available
Patient Detail Birthdate (45 years) Gender Male	Chief Complaint Major Problem RESPIRATORY FAILURE, ACUTE MI, HYPERTHERMIA, 107.8, SEIZURE
Primary Care Provider No provider selected	Consult Provider ZACHRY, WILLIAM Phone (903) 597-0351 ERMD TYLER TYLER, TX
Referring Provider TOOTE, PAUL Phone (903) 439-4077 KOPKINS MEMORIAL SULPHUR SPRINGS, TX	Referring Location PALESTINE REGIONAL MEDICAL CENTER (903) 731-1000 (Phone)
Accepting Service and Provider Accepting Service: Emergency Medicine ZACHRY, WILLIAM Phone (903) 597-0351 ERMD TYLER TYLER, TX	Accepting Location ETMC TYLER
Medical Acceptance Status Accepted Decision Date 08/03/2012 20:08 Call Initiated By Referring MD	Facility Acceptance Status Accepted Decision Date 08/03/2012 20:08 Transfer Priority ED to ED
Transport Date Initiated 08/03/2012 20:08 Type PALESTINE EMS	Placement Requested 08/03/2012 20:08 Unit E.D. Bed ER Assigned 08/03/2012 20:08 Unit E.D. Bed ER Received 08/03/2012 20:08 Projected 08/03/2012 20:08 Confirmed 08/03/2012 20:08
Notifications No notifications completed	

129.03.84

<http://vmcentralapp1.etmc1.etmc.org/claf/txa/index.cfm?rxRelHost=txa/&&rx=Call-Summa...> 8/3/2012

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TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 Outside Medical Document-6 012--EX0002-3pg

PALESTINE REGIONAL MEDICAL CENTER AND REHABILITATION HOSPITAL

ADAMS, RODNEY		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00104029459			11	L	ER	REG ER	08/03/12	1913	L000199921
Soc Sec No: 999-99-9999 Address: PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Ph: 903-928-3118 Language: ENGLISH County: ANDERSON COUNTY Country: USA SS#: 999-99-9999 Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Home Ph: 806-605-8165 Relationship to Patient: WARD OF COURT		Sex: M Race: U Religion: W #1797921		UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation: UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:					
Home Phone: Relationship to Patient:		Work Phone:		WARDEN GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Relationship to Patient: WC					
UTMB MANAGED CARE 301 UNIVERSITY BLVD GALVESTON TX 77555-1008 Phone: 409-747-2653		Policy # 1797921 Coverage # 0 Subscriber ADAMS, RODNEY Rel to Pt SELF/SAME AS PA DOB 01/01/1966 Group P0696997084		Treat/Pre-cert - PRE CERT # Ins Verif Pro Review Not Required					
Phone		Policy # Coverage # Subscriber Rel to Pt Group		DOB Treat/Pre-cert Ins Verif Pro Review					
Phone		Policy # Coverage # Subscriber Rel to Pt Group		DOB Treat/Pre-cert Ins Verif Pro Review					
NO LOCAL PHYSICIAN				TOTE PAUL URBAN 0334					
EMERGENCY ROOM		EH		AMB		PRADMTJG		FEVER	
Critical - Tyler TX-10780 - F 81 - 6 - 50297% Temp. 1:59 vent. wt. 100 kg NS - L		* CT of head - black eye R SZ 75/50 - 170 ST		Printed By: PRADMTJG 08/03/12 1924					
Unit Number L000199921		1947) UTMB Ray		Account Number L00104029459					

TY-ADAMS, RODNEY-Enc# 4332873 R-I-I-8/3/2012 Outside Medical Document-- 2012--EX0002-3pg

06/10/2012 SUN 1:05 FAX 903 531 8819 First Comm
12/30/2011 FRI 16:30 FAX0001/001
0002/001

ETMC PATIENT TRANSFER HAND OVER COMMUNICATION

To Be Completed by the Transferring Physician

FAX to: FirstComm - 903.531.8819 Date: 8/3/12 Time: 2000

Patient Information: _____

Situation: Transferring Facility: PRMCReason for Transfer: CriticalDiagnosis: Resp failure, MI, HypertensionCurrent Vital signs: Temp: 101.6 BP: 90/50 P: 170 R: Vent SPO2: _____

Background: _____

Medications: AspirinAbnormal Labs: Trop 1.57Diagnostic Read by Radiologist: ☒ Yes ☐ No Radiologist's Name: O'NeillAssessment: Major Drains: Levophed
Aspirin, NSInterventions (i.e. sutures, chest tubes): VentilatorRecommendation: Transfer to ☒ ED ☐ ICU ☐ Floor ☐ Other (circle)Mode of transport: Air (Include patient weight: 100 kg/lbs) GroundName of Transferring Physician: Dr. Teate Phone: 903-731-1153Questions please call: 903-535-6267

NOT PART OF MEDICAL RECORD

Apr 09/JFM

TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 Transfusion and Blood Serv s-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:



TYLER

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212184735



82429

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD>AS1/500mL/refg|ResLeu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM

in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name:

Signature

Name:

Signature

Pre-Transfusion V/S:

BP: 60/52

Pulse: 115

Resp: 21

Temp: 97.8

O2: 98

By: J. Dan

Post-Transfusion V/S:

BP: 114/62

Pulse: 114

Resp: 23

Temp: 97.4

O2: 98

By: J. Dan

Transfusion Started:

Initial

Date

Time

Transfusion Stopped:

Initial

Date

Time

Amount transfused: 486

Patient observed during transfusion: V

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.

2. Clerical check at bedside?

Yes

No

3. Name of physician notified:

VS: BP

Pulse

Resp

Temp

O2

4. Send completed copy of this form to blood bank with:

A. Remainder of unit with recipient set

B. 10mL lavender top venous blood specimen from patient

C. Post transfusion urine sample (voided)

5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by

MD/RN

Date

Time

TY-ADAMS, RODNEY-Enc# 43328731

I-I-8/3/2012 Transfusion and Blood Serv

s-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212151977 K



82436

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS[CPD>AS1/500mL/refg]ResLeu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM

in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name:

Signature

Name:

Signature

Pre-Transfusion V/S:

BP: 94/60

Pulse: 100

Resp: 21

Temp: 97.8

O2: 7

By: J. Johnson

Post-Transfusion V/S:

BP: 144/52

Pulse: 114

Resp: 23

Temp: 97.4

O2: 7

By: J. Johnson

Transfusion Started:

Initial

Date

Time

Transfusion Stopped:

Initial

Date

Time

Amount transfused:

425

Patient observed during transfusion:

✓

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.

2. Clerical check at bedside?

Yes

No

3. Name of physician notified:

VS: BP

Pulse

Resp

Temp

O2

4. Send completed copy of this form to blood bank with:

A. Remainder of unit with recipient set

B. 10mL lavender top venous blood specimen from patient

C. Post transfusion urine sample (voided)

5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by

MD/RN

Date

Time

TY-ADAMS, RODNEY-Enc# 4332873. 8-4-12-8/3/2012 Transfusion and Blood Ser s-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Antibody(ies):

Special Needs:

Location: POD1

Patient ID#: 30996



TYLER

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212145438 5



82650

ABO/Rh: O Pos

CMV: anti-CMV Negative

Product Code: E3088V00 Apheresis PLATELETS|ACD-A/XX/20-24C|ResLeu:<5log6|2nd container

Product Expiration Date: 08/05/2012 11:59 PM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 01:07 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name:

Signature

Name:

Signature

Pre-Transfusion V/S: BP: 57/44 Pulse: 132 Resp: 21 Temp: 99.8 O2: 88 By: [Signature]

Post-Transfusion V/S: BP: 58/44 Pulse: 176 Resp: 21 Temp: 99.9 O2: 88 By: [Signature]

Transfusion Started: 09 Initial Date Time 8-4-12 0230 Transfusion Stopped: 97 Initial Date Time 8-4-12 0205

Amount transfused: 275

Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: VS: BP Pulse Resp Temp O2
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other

Completed by [Signature] MD/RN Date 8-14-12 Time 0705

TY-ADAMS, RODNEY-Enc# 43328731 -I-I-8/3/2012 Transfusion and Blood Serv. 8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212145346



82355

ABO/Rh: O Pos

CMV:

Product Code: E2555V00 PLASMA/CPD/XX/≤-18C/Frozen ≤-24h

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agree.

Name: AS RN SignatureName: MB Signature

Pre-Transfusion V/S: BP: 99/68 Pulse: 100 Resp: 21 Temp: 99.4 O2: 97 By: AS
 Post-Transfusion V/S: BP: 97/65 Pulse: 105 Resp: 21 Temp: 99.7 O2: 97 By: AS

Transfusion Started: 97 8-4-12 0627 Transfusion Stopped: 97 8-4-12 0730
 Initial Date Time Initial Date Time

Amount transfused: 230Patient observed during transfusion: ☒

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria Chills Fever Hematuria Shortness of breath

Other _____

Completed by JP MD/RN Date 8-4-12 Time 0705

TY-ADAMS, RODNEY-Enc# 433287

MR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

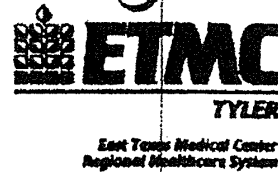
ABO/Rh: O Pos

Antibody(ies):

Special Needs:

Location: POD1

Patient ID#: 30996



Product Information

UNIT No: W035212176683 F



82515

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA/CPD/XX/ -18C

Product Expiration Date: 08/05/2012 12:04 AM

in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agree:

Name:

Signature

Name:

Signature

Pre-Transfusion V/S: BP: 88/65 Pulse: 125 Resp: 21 Temp: 99.7 F O2: By: JNK

Post-Transfusion V/S: BP: 98/64 Pulse: 102 Resp: 21 Temp: 99.7 F O2: By: JNK

Transfusion Started: JNK 8-4-12 0732 Transfusion Stopped: JNK 8-4-12 0732

Initial

Date

Time

Initial

Date

Time

Amount transfused: 275

Patient observed during transfusion: ☒

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: VS: BP Pulse Resp Temp O2
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by

MD/RN

Date

8-4-12 0705

Time

TY-ADAMS, RODNEY-Enc# 4332873.

R-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Antibody(ies):

Special Needs:

Location: POD1

Patient ID#: 30996

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212176692



82511

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA(CPD/XX/<=18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: [Signature]

Signature

Name: [Signature]

Signature

Pre-Transfusion V/S: BP: 99/80 Pulse: 70 Resp: 21 Temp: 99.7 O2: 97% By: [Signature]
 Post-Transfusion V/S: BP: 96/60 Pulse: 127 Resp: 21 Temp: 99.7 O2: 97% By: [Signature]

Transfusion Started: 97 8-4-12 6220 Transfusion Stopped: 97 8-4-12 0225
 Initial Date Time Initial Date Time

Amount transfused: 230Patient observed during transfusion: [check]

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: VS: BP Pulse Resp Temp O2
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria	Chills	Fever	Hematuria	Shortness of breath
Other <u> </u>				

Completed by [Signature] MD/RN Date 8-4-12 Time 0705

TY-ADAMS, RODNEY-Enc# 43328731 X-I-I-8/3/2012 Transfusion and Blood Serv...s-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212127087 E



81655

ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA(CPD/XX/←-18C

Product Expiration Date: 08/05/2012 12:04 AM # in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees.

Name:

Signature

Name:

Signature

Pre-Transfusion V/S: BP: 110/70 Pulse: 122 Resp: 21 Temp: 99.9 O2: 94 By: [Signature]Post-Transfusion V/S: BP: 110/70 Pulse: 120 Resp: 21 Temp: 99.9 O2: 94 By: [Signature]Transfusion Started: 08 8-4-12 0004

Initial

Date

Time

Transfusion Stopped: 08 8-4-12 0219

Initial

Date

Time

Amount transfused: 245Patient observed during transfusion: ☒

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

- Stop transfusion at once.
- Clerical check at bedside? Yes ☐ No ☐
- Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
- Send completed copy of this form to blood bank with:
 - Remainder of unit with recipient set
 - 10mL lavender top venous blood specimen from patient
 - Post transfusion urine sample (voided)
- Check symptoms:

<input type="checkbox"/> Urticaria	<input type="checkbox"/> Chills	<input type="checkbox"/> Fever	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Other _____				

Completed by [Signature]

MD/RN

Date 8-4-12Time 0705

TY-ADAMS, RODNEY-Enc# 433287

IR-I-I-8/3/2012 Transfusion and Blood Ser as-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:



TYLER

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212142587 R



82351

ABO/Rh: O Neg

CMV:

Product Code: E2555V00 PLASMA/CPD/XX/≤-18C/Frozen ≤-24h

Product Expiration Date: 08/05/2012 12:04 AM

in pool:

Crossmatch Interpretation: Not Required

Tech ID: KDC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: Angela RN SignatureName: [Signature] SignaturePre-Transfusion V/S: BP: 78/47 Pulse: 175 Resp: 21 Temp: 36.6 O2: 99 By: [Signature]Post-Transfusion V/S: BP: 75/48 Pulse: 130 Resp: 21 Temp: 36.6 O2: 99 By: [Signature]Transfusion Started: 99 8-4-12 22:00 Transfusion Stopped: 99 8-4-12 02:15
Initial Date Time Initial Date TimeAmount transfused: approx 250 mL Patient observed during transfusion: ☒

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes ☐ No ☐
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria	Chills	Fever	Hematuria	Shortness of breath
Other _____				

Completed by [Signature] MD/RN Date 8-4-12 Time 0205

TY-ADAMS, RODNEY-Enc# 4332873

R-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

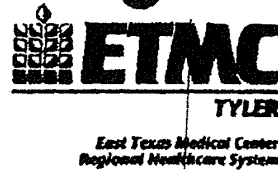
ABO/Rh: O Pos

Location: POD1

Antibody(ies):

Patient ID#: 30996

Special Needs:



Product Information

UNIT No: W035212127120 7



ABO/Rh: O Pos

CMV:

Product Code: E0701V00 FRESH FROZEN PLASMA/CPD/XX/≤-18C

Product Expiration Date: 08/05/2012 12:04 AM

in pool:

Crossmatch Interpretation: Not Required

Tech ID: KJC2

Date/Time: 08/04/2012 12:24 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name: Dr. R. Adams SignatureName: Y. Burroughs SignaturePre-Transfusion V/S: BP: 87/55 Pulse: 75 Resp: 21 Temp: 98.9 O2: 98 By: Y. BurroughsPost-Transfusion V/S: BP: 94/60 Pulse: 122 Resp: 21 Temp: 98.7 O2: 98 By: Y. BurroughsTransfusion Started: 8-4-12 8:30 Transfusion Stopped: 8-4-12 2:41Amount transfused: 270Patient observed during transfusion: ☒

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes ☐ No ☐
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other _____

Completed by: Y. Burroughs MD/RNDate: 8-4-12 Time: 0705

TY-ADAMS, RODNEY-Enc# 43328731 R-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-lpg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: 32FF88103



82176

ABO/Rh: O Pos

CMV:

Product Code: 04730 Red Blood Cells - AS-3 Leukoreduced

Product Expiration Date: 08/28/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agreed.

Name: _____

Signature

Name: _____

Signature

Pre-Transfusion V/S: BP: 45/24 Pulse: 120 Resp: 21 Temp: 99.6 O2: 65% By: JG/BAH

Post-Transfusion V/S: BP: 60/19 Pulse: 120 Resp: 21 Temp: 97.6 O2: 87% By: JG/BAH

Transfusion Started: JG 8-4-12 0330 Transfusion Stopped: JG 8-4-12 0615

Amount transfused: 300

Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: _____ VS: BP _____ Pulse _____ Resp _____ Temp _____ O2 _____
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria	Chills	Fever	Hematuria	Shortness of breath
Other _____				

Completed by _____ MD/RN Date _____ Time _____

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TY-ADAMS, RODNEY-Enc# 433287

MR-I-I-8/3/2012 Transfusion and Blood Services-8/4/2012--TF0004-1pg

Name: Adams, Rodney

Account No: 43328731

BB ID #: NGZ9362

Sample #: 10825456

ABO/Rh: O Pos

Location: 2WB

Antibody(ies):

Patient ID#: 30996

Special Needs:



TYLER

East Texas Medical Center
Regional Healthcare System

Product Information

UNIT No: W035212000042 L



82427

ABO/Rh: O Pos

CMV:

Product Code: E0336V00 RED BLOOD CELLS|CPD>AS1/500mL/refg|Res.f.eu:<5log6

Product Expiration Date: 08/30/2012 11:59 PM # in pool:

Crossmatch Interpretation: Compatible

Tech ID: KDC2

Date/Time: 08/04/2012 03:30 AM

Antigens:

Comments:

Prohibiting Factors:

Transfusion Information

Prior to starting this transfusion, an RN and one other licensed personnel have completed all clerical checks including verifying the patient name, account number, and sample number on this slip with the patient's armbands at bedside and all information agrees:

Name:

Name:

Pre-Transfusion V/S: BP: 49/36 Pulse: 127 Resp: 21 Temp: 97.4 O2: 67% By: JJA

Post-Transfusion V/S: BP: 68/52 Pulse: 132 Resp: 24 Temp: O2: By:

Transfusion Started:

Initial

Date

Time

Transfusion Stopped:

Initial

Date

Time

Amount transfused:

255

Patient observed during transfusion:

IN CASE OF TRANSFUSION REACTION OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Clerical check at bedside? Yes No
3. Name of physician notified: VS: BP Pulse Resp Temp O2
4. Send completed copy of this form to blood bank with:
 - A. Remainder of unit with recipient set
 - B. 10mL lavender top venous blood specimen from patient
 - C. Post transfusion urine sample (voided)
5. Check symptoms:

Urticaria

Chills

Fever

Hematuria

Shortness of breath

Other

Completed by

J Johnson RN

MD/RN

Date

8-4-12

Time

0625

White/ Rec Facility + Yellow/ PH

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TY-ADAMS, RODNEY-Enc# 43328731

-I-I-8/3/2012 Tyler Air One Patient Recd

/4/2012--ER0005-2pg



Flight # _____ A/B/C

PATIENT CONSENT AND ASSIGNMENT OF BENEFITS

As a condition of receiving emergency transport and treatment by PHI Air Medical, L.L.C. (Provider), I hereby agree to the following:

- 1) **Consent to Treatment:** I consent to transport and treatment by PHI Air Medical, L.L.C. ("Provider") including the administration of blood products and any other treatment deemed necessary in the judgment of the medical crew (the "Services").
- 2) **Insurance Certification and Authorization:** I accept responsibility for ensuring that all certifications or authorizations required by Medicare, Medicaid or any insurance carrier(s) (collectively, "Insurance Carriers") have been obtained. I recognize that I am responsible for any balance not paid by my insurance carrier for any reason. I agree to sign any documents necessary to authorize Provider to contest any insurance denial.
- 3) **Guarantee of Payment and Assignment of Benefits:** I agree to pay Provider's charges for the Services, including but not limited to any co-payments, deductibles or other expenses not covered by insurance. All charges shall be due and payable on receipt of invoice. Unpaid accounts shall bear interest at the rate of 12% per annum. I assign and transfer to Provider all my rights in and to: (a) all insurance benefits whether such insurance is owned by me or not payable as a result of the injury or medical condition that necessitated the Services; (b) any and all proceeds paid or payable to me or on my behalf from any settlement, judgment or other award which is obtained as a result of the injury necessitating the Services; (c) any causes of action that may be assigned according to applicable State law, which I now have or may have in the future against any person or entity arising directly or indirectly from the injury or medical condition which necessitated the Services. I also assign and request payment of authorized Medicare, Medicaid or other government and private health benefits be made directly to Provider, for the present Services and any Services performed in the future.
- 4) **Release of Liability for Personal Valuables:** I understand and agree that Provider is not responsible for personal belongings brought into the ambulance, including, but not limited to, clothing, personal hygiene products, toiletries, dentures, glasses, prosthetic devices such as hearing aides, artificial limbs, medical assist devices, wallets, purses, credit cards, jewelry and money.
- 5) **Consent for Release and Use of Information:** I authorize any holder of medical or other information about me to release to Medicare, Medicaid or any other Insurance Carrier or their agents any information needed to determine benefits for this or a related claim, or for any other purpose permitted by law.
- 6) **Acknowledgement of Receipt of Notice of Privacy Practices:** I acknowledge receipt of Provider's Notice of Privacy Practices.
- 7) **Release of Police Reports:** I appoint Provider as my attorney in fact under applicable State law for the purpose of obtaining police reports and other data related to the accident or incident for which Services were provided.
- 8) **Attorney's Fees:** If any action at law or in equity is brought to enforce this Agreement, Provider shall be entitled to recover reasonable attorney's fees, court costs, and any other costs of collection incurred. The undersigned has read this Agreement, has had an opportunity to ask any questions I have, has received satisfactory answers thereto and enters into it voluntarily.

Patient's Signature: _____

Print Name: _____

(Required)

Date: _____

(Required)

☐ Patient's condition is such that he/she is physically or mentally incapable of signing then an authorized representative can sign:

Reason patient cannot sign: _____

(Explanation required whenever patient does not or cannot sign)

Signing of this for

ADAMS, RODNEY

43328731

128-03-84

M 045Y

ETIC Tyler

This does not constitute acceptance of any financial responsibility by the patient.

Date of this

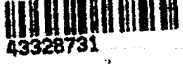
008

Verify Medical Record/patient ID number: _____

Version 6-phico

Date Revised Jul

White copy - PH



43328731

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FREY R. COPELAND, PA-C

PATIENT: ADAMS, RODNEY
MRN: 1797921
User: WILBANKS, CYNTHIA M. L.V.N.

COGENTIN 1MG TABS
Sig: 1 x TABS ORAL TWICE DAILY
Order Date: 08/03/2012 09:52
Start Date: 08/03/2012 09:52
Auto Stop Date: 09/02/2012 09:52
Special
Instructions: NO RFS CO JAIL INTAKE

VERBAL / PHONE ORDER

Duration: 30 Days
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/03/2012

CYMBALTA # 60MG CAPS
Sig: 1 x CAPS ORAL TWICE DAILY
Order Date: 08/03/2012 09:53
Start Date: 08/03/2012 09:53
Auto Stop Date: 09/02/2012 09:53
Special
Instructions: CO JAIL INTAKE NO RFS

VERBAL / PHONE ORDER

Duration: 30 Days
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/03/2012

Electronically Signed by COPELAND, JEFFREY R. PA-C on 08/03/2012.
##And No Others##

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JEFFREY R. COPELAND, PA-C

PATIENT: ADAMS, RODNEY

MRN: 1797921

User: WILBANKS, CYNTHIA M. L.V.N.

VISTARIL # 50MG CAPS

Sig: 1 x CAPS ORAL TWICE DAILY

Order Date: 08/03/2012 09:55

Start Date: 08/03/2012 09:55

Auto Stop Date: 09/02/2012 09:55

Special

Instructions: CO JAIL INTAKE NO RFS

VERBAL / PHONE ORDER

Duration: 30 Days

Refills: None

Allow Generic - No product selection indicated

Rx Written On: 08/03/2012

Electronically Signed by COPELAND, JEFFREY R. PA-C on 08/03/2012.

##And No Others##

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